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FILED

May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L31221

(9)

1. Corporation Name

KIMMINS RECYCLING CORP.

Principal Place of Business

1501 2ND AVE.
TAMPA FL 33605-5005
US

Mailing Address

1501 2ND AVE.
TAMPA FL 33605-5005
US



3. Date Incorporated or Qualified

11/21/1989

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2984276

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

WILLIAMS, JOSEPH
1501 E. 2ND AVE.
TAMPA FL 33605

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME BAKER, CHARLES A., JR.
STREET ADDRESS 1501 2ND AVE.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE DV
NAME SIMON, JOHN V., JR.
STREET ADDRESS 1501 2ND AVE.
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE VPD
NAME O'BRIEN, MICHAEL
STREET ADDRESS 258 3RD ST.
CITY-ST-ZIP NIAGRA FALLS NY ☐ DELETE

TITLE COBP
NAME WILLIAMS, FRANCIS M
STREET ADDRESS 1501 E. 2ND AVENUE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE S
NAME WILLIAMS, JOSEPH M
STREET ADDRESS 1501 SECOND AVENUE, EAST
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE T
NAME DOMINIAK, NORMAN S
STREET ADDRESS 1501 SECOND AVENUE, EAST
CITY-ST-ZIP TAMPA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director
1.2 NAME Cohen, Ira D.
1.3 STREET ADDRESS 1501 2nd Ave East
1.4 CITY-ST-ZIP Tampa, FL 33605 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE Treasurer, Vice Pres ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (9/96)