FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

C & S RECYCLING CORPORATION

Jan 28 1998 8:00am Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # L72909 (9)



FILED

Principal Place of Business Mailing Address							
2032 2ND AVE SOUTH 2032 2ND AVE SOUTH							
ST. PETERSBURG FL 33712 ST. PETERSBURG FL 33712					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
					05/11/1990		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21 26		26			59-3016048	Not Applicable	
Suite, Apt. #, etc.					.75 Additional		
		City & State			F	ee Required	
23 28		— ·				.00 May Be ided to Fees	
Zip			Counti	у	This corporation owes or has paid the current year Intangible		
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
	LLAND, ROGER E		8-	Name			
10339 CIRIMOYA			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
SEMINOLE FL 33642			83	3		<u> </u>	
			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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						ing its registered	
agent. I a	egistered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was a digations of, Section 607.0505, Flo	autnorizea a orida Statute	y the corporati is.	on's board of directors. I hereby accept the appointme	nt as registered	
SIGNATURE							
Signature, typed or printed name of registered agent and little if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	ent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TOPS IN 12	
TITLE	VD	☐ DELETE	t,1 TITLE	1	Chi		
NAME	HOLLAND, ROGER, E		1,2 NAME	ĺ	-		
STREET ADDRESS	40000 OIDINOVA 1 AND		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	CELUNOI E EL		1.4 CITY-	ST-ZIP		ĺ	
TITLE	PD	DELETE	2.1 TITLE	· ·	☐ Cha	ange Addition	
NAME	SCIACCA, CHARLES, G		2.2 NAME			-	
STREET ADDRESS	2032 2ND AVE SOUTH		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE 3.1			∟ Cha	inge 🔲 Addition	
NAME		3.2		ļ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - 4.1 TITLE	ST- ZIP	☐ Cha	nge Addition	
NAME			4.1 M.E.			ange	
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-				
FITLE		DELETE	5,1 TITLE	<u>, </u>	Cha	nge 🔲 Addition	
		☐ DEFEIE	5.2 NAME				
NAME		☐ pereie			-		
name Street adoress		☐ DETEIC	5.2 NAME	F ADDRESS	_ ·		
		DELETE	5.2 NAME				
STREET ADDRESS		☐ DELETE	5.2 NAME 5.3 STREE		☐ Cha	nge Addition	
STREET ADDRESS CITY-ST-ZIP			5.2 NAME 5.3 STREE 5.4 CITY-			nge Addition	
STREET ADORESS CITY-ST-ZIP TITLE			5.2 NAME 5.3 STREE 5.4 CITY-1 6.1 TITLE	ST-ZIP		nge	

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 chapted, or on an attachment with an advices.