FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:06

DOCUMENT # L81166 (5)

1. Corporation Name
BEACHES RECYCLING CENTER, INC.

Principal Place of Business	Mailing Address
C/O HAROLD M. MAHON 25 WEST 6TH STREET ATLANTIC BEACH FL 32233	% ROBERT J FENNICK 25 W 6 STR ATLANTIC BEACH FL 32233 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/14/1990
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21 MICHELLE FENNICK
Suite, Apt. #, etc.
22 25 W 6th ST
City & State
23 Atlantic Beach FL
Zip 24 32233 Country 25 Duval

2a. Mailing Address
26 ~~25 W 6th ST~~
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3016715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

FENNICK, ROBERT J
25 WEST 6TH STREET
ATLANTIC BEACH FL 32233

10. Name and Address of New Registered Agent

81 Name: MICHELLE FENNICK
82 Street Address (P.O. Box Number is Not Acceptable): 25 W 6th STREET
83
84 City: Atlantic Beach FL 85 Zip Code: 32233

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 _____ DATE
(If signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	FENNICK, ROBERT J	12 NAME	MICHELLE FENNICK L
STREET ADDRESS	25 WEST 6TH ST.	13 STREET ADDRESS	25 WEST 6th ST
CITY-ST-ZIP	ATLANTIC BEACH FL	14 CITY-ST-ZIP	Atlantic Beach FL 32233
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 2/3/95 904 246 7581
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0010010 CP