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FILED
May 16 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 # M76966 (4)

1. Corporation Name
POLYCYCLE INC.

Principal Place of Business

% DAVID SCHERFF
2965 SHAMROCK NORTH, UNIT 19
TALLAHASSEE FL 32308

Mailing Address

% DAVID SCHERFF
2965 SHAMROCK NORTH, UNIT 19
TALLAHASSEE FL 32308-2238

3. Date Incorporated or Qualified

04/19/1988

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

21 1300 Meylert Ave

Suite, Apt. #, etc.

22

City & State

23 Scranton PA

Zip

24 18509

Country

25 USA

2a. Mailing Address

26 PO Box 2021

Suite, Apt. #, etc.

27

City & State

28 Scranton PA

Zip

29 18501

Country

30 USA

4. FEI Number

23-2526192

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

SCHERFF, DAVID
2965 SHAMROCK NORTH
UNIT 19
TALLAHASSEE FL

10. Name and Address of New Registered Agent

81 Name

John Timothy Hawkins

82

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

124 Sixth Street South

83

84

City

St. Petersburg

FL

85 Zip Code

33701

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

J. T. Hawkins

Signature of registered agent or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME LYNCH, MICHAEL T.
STREET ADDRESS 1512 ADAMS AVE
CITY-ST-ZIP SCRANTON PA

TITLE ☐ DELETE

TS
NAME GAVIGAN, JAMES M
STREET ADDRESS 1300 MEYLERT AVE
CITY-ST-ZIP SCRANTON PA 18509

TITLE ☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1300 meylert Ave

1.4 CITY-ST-ZIP Scranton PA 18509

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

James M. Gavigan / James M. Gavigan

4/18/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)