

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

FILED  
Apr 18 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 # M90087 (1)  
1. Corporation Name  
FLORIDA RECYCLING AND COMPOSTING CONSULTING SERVICES, INC.



Principal Place of Business  
2004 NW CR 235  
NEWBERRY FL 32669  
US

Mailing Address  
2004 NW CR 235  
NEWBERRY FL 32669-2531  
US

2. Principal Place of Business  
21 RR 4 Box 1297H  
Suite, Apt. #, etc.  
22  
City & State  
23 STARK FL  
Zip Country  
24 32091 25 US

2a. Mailing Address  
26 RR 4 Box 1297H  
Suite, Apt. #, etc.  
27  
City & State  
28 STARK FL  
Zip Country  
29 32091 30 US

3. Date Incorporated or Qualified 07/18/1988  
3a. Date of Last Report 04/18/1996  
4. FEI Number 59-2923755  
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

STILL, PAUL  
RT. 1 BOX 133  
NEWBERRY FL 32669

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
RR 4 Box 1297H  
83  
84 City STARK FL 85 Zip Code 32091

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STILL, PAUL E.	
STREET ADDRESS	2004 NW CR 235	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ADAMS, E. DWIGHT	
STREET ADDRESS	2507 NW 24 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DAVOLI, TERRY A.	
STREET ADDRESS	48 BLACK ANGUS RD.	
CITY-ST-ZIP	ARCHER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	RR 4 Box 1297H
1.4 CITY-ST-ZIP	STARK, FL 32091
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul E. Still

4/14/97 352-422-3887

CR2E034 (9/96)