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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04331** (7)

1. Corporation Name

**FLORIDA BUSINESS & INDUSTRY RECYCLING PROGRAM AS
SOCIATION, INC.**

Principal Place of Business

Mailing Address

**7200-C ALOMA AVE
WINTER PARK FL 32782**

**7200-C ALOMA AVE
WINTER PARK FL 32782-7133**

3. Date Incorporated or Qualified
07/23/1984

3a. Date of Last Report
04/19/1996

2. Principal Place of Business
4020 Tuscanville South

2a. Mailing Address
BOX 268

4. FEI Number
59-2474673

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

23. City & State
Goldenrod FL

27. City & State
Goldenrod FL

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

24. Zip **32733** Country **U.S.**

29. Zip **32733** Country **US**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KETCHEY, CHARLES F. JR.
101 EAST KENNEDY BLVD., SUITE 2400
TAMPA FL 33602**

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	STREET, HAROLD	
STREET ADDRESS	7200-C ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WATSON, CLAIRE	
STREET ADDRESS	7200-C ALOMA AVE.	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCARTHY, TOM	
STREET ADDRESS	7200-C ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AIDE, JOHN	
STREET ADDRESS	7200-C ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLLIS, CLAYTON	
STREET ADDRESS	7200-C ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWYER, IVAN	
STREET ADDRESS	7200-C ALOMA AVE	
CITY-ST-ZIP	WINTER PARK FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IVAN LAWYER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0015435**

CR2ED37 (9/96)