

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 06 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N04331** (7)

1. Corporation Name

FLORIDA BUSINESS & INDUSTRY RECYCLING PROGRAM AS SOCIATION, INC.



| | |
|---|---|
| Principal Place of Business 4020 TUSCAWILLA SOUTH GOLDENROD FL 32733 US | Mailing Address BOX 268 GOLDENROD FL 32733 US |
|---|---|

3. Date Incorporated or Qualified

07/23/1984

4. FEI Number

59-2474673

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KETCHY, 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 | |

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Street, Harold | |
| 1.3 STREET ADDRESS | 4020 Tusawilla South | |
| 1.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | WATSON, CLAIRE | |
| STREET ADDRESS | 7200-C ALOMA AVE. | |
| CITY-ST-ZIP | WINTER PARK FL | |

| | | |
|--------------------|-----------------------------|--|
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Watson, Claire | |
| 2.3 STREET ADDRESS | 4020 Tusawilla South | |
| 2.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MCCARTHY, TOM | |
| STREET ADDRESS | 7200-C ALOMA AVE | |
| CITY-ST-ZIP | WINTER PARK FL | |

| | | |
|--------------------|-----------------------------|--|
| 3.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | LeGobue Mark | |
| 3.3 STREET ADDRESS | 4020 Tusawilla South | |
| 3.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | AIDE, JOHN | |
| STREET ADDRESS | 7200-C ALOMA AVE | |
| CITY-ST-ZIP | WINTER PARK FL | |

| | | |
|--------------------|-----------------------------|--|
| 4.1 TITLE | D. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | AIDE, John | |
| 4.3 STREET ADDRESS | 4020 Tusawilla South | |
| 4.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | HOLLIS, CLAYTON | |
| STREET ADDRESS | 7200-C ALOMA AVE | |
| CITY-ST-ZIP | WINTER PARK FL | |

| | | |
|--------------------|-----------------------------|--|
| 5.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Hollis, Clayton | |
| 5.3 STREET ADDRESS | 4020 Tusawilla South | |
| 5.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LAWYER, IVAN | |
| STREET ADDRESS | 7200-C ALOMA AVE | |
| CITY-ST-ZIP | WINTER PARK FL | |

| | | |
|--------------------|-----------------------------|--|
| 6.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | IVAN LAWYER | |
| 6.3 STREET ADDRESS | 4020 Tusawilla South | |
| 6.4 CITY-ST-ZIP | Goldenrod FL 32733 | |

14. I 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 **IVAN LAWYER** **OX Div. 3-3098-407-678-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone # 0013037

CR2E037 (10/97)