FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N34984** **(7)**

1. Corporation Name

THE RECYCLES ORCHESTRA, INC.

Principal Place of Business	Mailing Address
% JOHN L. JOHNSON 3253 HIDDEN LAKE DR E JACKSONVILLE FL 32216	% JOHN L. JOHNSON 3253 HIDDEN LAKE DR E JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 10/30/1989

3a. Date of Last Report: 06/01/1995

4. FEI Number: 59-2979710 ☑ 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

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

JOHNSON, JOHN L.
3253 HIDDEN LAKE DR E
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

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: John L. Johnson JOHN L. JOHNSON VP DATE: 4/28/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JOHNSON, J.L. 3253 HIDDEN LAKE DRIVE EAST JACKSONVILLE FL 32216	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DAVIS, BEA 1526 CHARON ROAD JACKSONVILLE FL 32205	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BYLES, JOE 809 HURON STREET JACKSONVILLE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EMER Y, ROSS 5388 NOBLE CIR S JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT WILDER, GEORGE 8040 ALDERMAN ROAD JACKSONVILLE FL 32211	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORODETSKY, HONEY 9164 TOTTENHAM CT JACKSONVILLE FL 32257	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D HEATHERINGTON, RITA 8000 BAYMEADOWS CIR. E. JACKSONVILLE, FL. 32256	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D MARKS, WILLIAM 10947 CHARON DR. JACKSONVILLE, FL 32218	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D ST. JOHN, NYLA 3914 VILLA SAN JOSE DR. JACKSONVILLE FL. 32217	☒ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do 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)(k), 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: John L. Johnson JOHN L. JOHNSON 4/28/96 904-737-9764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #