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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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<br>3253 HIDDEN LAKE DR E<br>JACKSONVILLE FL 32216 | % JOHN L. JOHNSON<br>3253 HIDDEN LAKE DR E<br>JACKSONVILLE FL 32216-1131 |

3. Date Incorporated or Qualified: 10/30/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

**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 P — 4/29/97
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 | DP | ☐ DELETE | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | JOHNSON, J.L. | | 1.2 NAME | JOHNSON, J. L. | |
| STREET ADDRESS | 3253 HIDDEN LAKE DRIVE EAST | | 1.3 STREET ADDRESS | 3253 HIDDEN LAKE DR. E | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | | 1.4 CITY-ST-ZIP | JACKSONVILLE FL. 32216 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | D.P. | ☐ Change ☒ Addition |
| NAME | DAVIS, BEA | | 2.2 NAME | C.S. ANDERSON | |
| STREET ADDRESS | 1526 CHARON ROAD | | 2.3 STREET ADDRESS | 3172 GREEN ARBOR PL. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32205 | | 2.4 CITY-ST-ZIP | JACKSONVILLE, FL. 32277 | |
| TITLE | D | ☒ DELETE | 3.1 TITLE | DS | ☐ Change ☒ Addition |
| NAME | HEATHERINGTON, RITA | | 3.2 NAME | FRANK CALLENDER | |
| STREET ADDRESS | 8000 BAYMEADOWS CIR E | | 3.3 STREET ADDRESS | 1467 PINE GROVE AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | JACKSONVILLE FL. 32205 | |
| TITLE | EMER | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | Y, ROSS | | 4.2 NAME | NYLA ST. JOHN | |
| STREET ADDRESS | 5388 NOBLE CIR S | | 4.3 STREET ADDRESS | 3914 VILLA SAN JOSE DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MARKS, WILLIAM | | 5.2 NAME | JOE BYLES | |
| STREET ADDRESS | 10947 CHADRON DR | | 5.3 STREET ADDRESS | 8559 MALAGA AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | JACKSONVILLE FL 32073 | |
| TITLE | D | ☒ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GORODETSKY, HONEY | | 6.2 NAME | | |
| STREET ADDRESS | 9164 TOTTENHAM CT | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32257 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

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:** John L. Johnson SIGNATURE REQUIRED John L. Johnson — 4/29/97 — 904-737-9764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone [illegible]