FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

23



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N92000000339 (3) DOCUMENT #

EARTH ACTION RECYCLERS. INC.

Principal Place of Business Mailing Address 507 N.W. 5TH AVE. 507 N.W. 5TH AVE. 3. Date Incorporated or Qualified **GAINESVILLE FL 32601** GAINESVILLE FL 32601 11/16/1992 4. FEI Number Applied For 59-3163883 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required \$5.00 May Be Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association?

Country Zip Country Zip 8. This corporation owes or has paid the current year intangible ☐ Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 82 Street Address (P.O. Box Number is Not Acceptable)

CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301

	, , ,			
83				
84	City	85	Zip Code	

FILED

Mar 16 1998 8:00am

Secretary of State

No.

☐ Yes

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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE SELWACH, RICHARD NAME 1.2 NAME 507 N.W. 5TH AVE. STREET ADDRESS 1.3 STREET ADDRESS **GAINESVILLE FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE LARRICK, BRUCE 2.2 NAME NAME 507 N.W. 5TH AVE. STREET ADDRESS 2.3 STREET ADDRESS **GAINESVILLE FL 32601** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition DS TITLE 3.1 TITLE TOBIN, HARRIS A 3.2 NAME NAME 317 N.E. 1ST ST. STREET ADDRESS 3.3 STREET ADDRESS **GAINESVILLE FL 32601** 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE SHULTS, RICHARD 4.2 NAME NAME **523 NW 3 AVE** STREET ADDRESS 4.3 STREET ADDRESS **GAINESVILLE FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ AddItion TITLE 5.1 TITLE **EVANGELISTA, JIM** 5.2 NAME 809 NW 4 AVE STREET ADDRESS 5.3 STREET ADDRESS GAINESVILLE FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

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 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 of the receiver of 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: