FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary to State

DIVISION OF CORPORATIONS

DOCUMENT # N94000001744 (1)

AMERICAN RECYCLED FOUNDATION, INC.

302 NORTH LANE AVE.

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Principal Place of Business

Mailing Address

302 NORTH LANE AVE.



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JACKSONVILLE FL 32254		JACKSONVILLE FL 32254-2817						
		`			3. Date Incorporated or Qualified 04/08/1994	3a. Date of 05/0	Last Report 1/1996	
2. Principal P	lace of Business	2a. Mailing Address	/ ~.		4. FEI Number		Applied For	
21		26 P.O. BOX	654	18	NOT APPLICABLE		Not Applicable	
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. Certificate of Status Desired	180	3.75 Additional	
22 27						Fee Required		
City & State	& State 28 Jacksonville, FL.		•	Election Campaign Financing Trust Fund Contribution	_ ,	5.00 May Be		
Zip	Country	7ip	Country				Added to Fees	
24	25	29 32236 30	n '		This corporation has liability for i Florida Statutes	Yes No		
=71	9. Name and Address of Current		<u>'</u>		10. Name and Address of New Re			
			81	Name				
BRANT MOORE SAPP MACDONALD & WELLS, P.A.			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SO NORTH LAURA ST.		102	Sileet Address (F.O. Box Number is Not Acceptable)					
SUITE 3	-		83					
JACKSO	NVILLE FL 32202		84	City		85	Zip Code	
				_ ′		FL	'	
11. Pursuant office or r agent. I a	to the provisions of Sections 617,0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	and 617.1508, Florida Statutes, of Florida. Such change was auth lions of, Section 617.0503, Florid	the abov horized b da Statute	e-named co the corpor s.	orporation submits this statement for the pration's board of directors. I hereby acceptation's	urpose of char of the appointm	nging its registered ent as registered	
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE R	logistered Ag	oni signature rec	quired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE				Change Addition	
NAME	THOMAS, A C III		1.2 NAME		ott, Darryl V.	- 01	` `	
STREET ADDRESS	8251 PHILLIPS HWY.		1.3 STREET		243' Norwich form	e ka		
CITY-ST-ZIP	JACKSONVILLE FL 32216-6067		1.4 CITY-	ST-ZIP	Acksonville, FL. 32	207		
TITLE	D	DELETE	2.1 TITLE	1	7100	[] L	Change Addition	
NAME	THOMAS, A C III	•	2.2 NAME		lughes. Tiffany	سمعدا ا		
STREET ADDRESS	0251 PHILLIPS HWY. JACKSONVILLE FL 32216-6067		23 STREET		1778 Mountain Woo			
CITY-ST-ZIP TITLE	D C	. 🔀 DELETE	2 4 City-	SI-ZIP	Facksonville, FL.	3225	Change Addition	
NAME	THOMAS, A'C III	* * * * * * * * * * * * * * * * * * *	3.2 NAME	1		υ,	mangorodition	
STREET ADDRESS	6251 PHILLIPS HWY.		3.3 STREET	ADDRESS				
City-ST-ZIP	JACKSONVILLE PL-32216-6067	·	3.4. CHTY-					
TITLE	0,1011011111111111111111111111111111111	☐ DELETE	4.1 TITLE		9000022 -06/12/	21 06 8	hartge Addition	
NAME	في 2	'	4.2 NAME	1	-06/12/	91UII.	:1004 ****70.00	
STREET ADDRESS			4.3 STREE	ADDRESS	*****	ייי טט. ייי	F### [U.UU	
CITY-ST-ZIP			4.4 CITY - 5	IT-2IP				
TITLE		☐ DELETE	5.1 TITLE				Change Addition	
NAME	1		5.2 NAME					
STREET ADDRESS	, -		5.3 STREET	ADDRESS			İ	
CITY-ST-ZIP			5.4 CITY-5	T - 7(P				
TITLE		DELETE	6.1 TITLE				Change	
NAME			6.2 NAME	1			Ì	
STREET ADDRESS			6.3 STREET	ADDRESS				

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 roport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under output am an officer or director of the corporation or the report structed empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of 53 13 if changed.