

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # P93000052307 (4)

For Incorporation Purposes

VIKING RECYCLING, INCORPORATED

MAY -1 PM 5:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: **4332 W WATERS AVE SUITE 104-B TAMPA FL 33614**
Mailing Address: **4332 W WATERS AVE SUITE 104-B TAMPA FL 33614**

(DO NOT WRITE IN THIS SPACE)

3. Date incorporated or chartered: **07/27/1993**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-3195237**
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. 191.042, Florida Statute: ☐ Yes ☒ No

2. Principal Office Address: **4332 W WATERS AVE SUITE 104-B TAMPA FL 33614**
2a. Mailing Address: **4332 W WATERS AVE SUITE 104-B TAMPA FL 33614**
21. State, Apt. # etc.: **FL 33614**
22. City & State: **TAMPA FL**
23. City & State: **TAMPA FL**
24. City: **TAMPA**
25. State: **FL**
26. City: **TAMPA**
27. State: **FL**
28. City: **TAMPA**
29. State: **FL**
30. City: **TAMPA**

9. Name and Address of Current Registered Agent

**ERICKSON, DAN O
4332 W WATERS AVE
SUITE 104-B
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81. Name: _____
82. Street Address (P.O. Box Number, if Not Applicable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 191.042 and 191.043, Florida Statute, 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 provisions of Sections 191.042 and 191.043, Florida Statute.

Signature:

(OFFICER, SECRETARY, TREASURER, OR DIRECTOR)

(If filing new report, sign only if registered agent has filed it)

or

(ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12)

12. OFFICERS, SECRETARY, TREASURER, OR DIRECTOR
NAME: **DPC TAYLOR, MARK**
STREET ADDRESS: **11419 PALM PASTURE DR**
CITY: **TAMPA FL**
NAME: **DVC ERICKSON, DAN O**
STREET ADDRESS: **5000 S HIMES AVE #332**
CITY: **TAMPA FL**
NAME: **DVP PENNINGTON, TIMOTHY L**
STREET ADDRESS: **187 INLET DR.**
CITY: **ST. AUGUSTINE FL**
NAME: **DVP HAWKINS, RONALD L**
STREET ADDRESS: **3315 CHERIOT DR.**
CITY: **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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100. NAME: _____

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 191.042, Florida Statute. I further certify that the information is correct as the undersigned or supplemental annual report or annual and quarterly and that my signature shall have the same legal effect as if made under oath. I am president or secretary of the corporation or the owner or holder empowered to execute the report as required by Chapter 191, Florida Statute, and that my name appears on Block 1 of the corporation's filing with an address.

SIGNATURE:

Dan O. Erickson
DAN O. ERICKSON

(SIGNATURE AND TITLE REQUIRED OF SIGNING OFFICER OR DIRECTOR)

4-27-95

813-882-4020