

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000069537 (7)

1. Corporation Name

F. E. DEVELOPMENT RECYCLING, INC.



Principal Place of Business

Mailing Address

~~5402 HOFFNER AVENUE~~
~~SUITE 502~~
ORLANDO FL 32812
US

5402 HOFFNER AVENUE
SUITE 502
ORLANDO FL 32812
US

2. Principal Place of Business
21 5456 Hoffner Avenue
Suite, Apt. #, etc.
22 Suite 206
City & State
23 Orlando, Florida
Zip
24 32812
Country
25 U.S.A.

2a. Mailing Address
26 5456 Hoffner Avenue
Suite, Apt. #, etc.
27 Suite 206
City & State
28 Orlando, Florida
Zip
29 32812
Country
30 U.S.A.

3. Date Incorporated or Qualified 09/30/1993
3a. Date of Last Report 07/03/1995
4. FEI Number 80-2240105 59-3201053
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

10. Name and Address of New Registered Agent

FOUNTAIN, JAMES E JR
5396 HOFFNER AVE
ORLANDO FL 32812

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	
NAME	FOUNTAIN, JAMES E JR	12 NAME	
STREET ADDRESS	5396 HOFFNER AVE	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	
NAME	FOUNTAIN, DEBRA K	22 NAME	
STREET ADDRESS	5396 HOFFNER AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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:

(PRINT OR TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/17/96 275-7802
Daytime Phone #

CR2E034 (3/96)