

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

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95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000020670 (3)
1. Corporation Name
CARNAN RECYCLING, INC.

Principal Place of Business 311 W. Brandies Ave. CALLAHAN FL 32011	Mailing Address 311 W. Brandies Ave. CALLAHAN FL 32011
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/14/1994		3a. Date of Last Report	
4. FEI Number 59-3230151		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. 195.002, Florida Statutes ☐ Yes ☐ No			

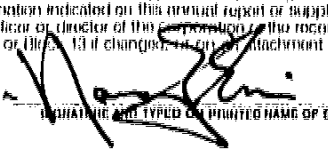
9. Name and Address of Current Registered Agent GREEN, KEITH 1620 EMERSON ST. JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	

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 _____ DATE _____
(Signature typed or printed name of registered agent and title if applicable) (Date typed or printed signature required when certifying)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	☐ Change ☒ Addition
STREET ADDRESS	NAME	1.2 NAME	P/D
CITY- ST- ZIP	STREET ADDRESS	1.3 STREET ADDRESS	NANCY E. EMMI
	CITY- ST- ZIP	1.4 CITY- ST- ZIP	RT. 4, Box 111
			CALLAHAN, FL 32011
TITLE	NAME	2.1 TITLE	☐ Change ☒ Addition
STREET ADDRESS	NAME	2.2 NAME	CAROLYNN A. MCGINN
CITY- ST- ZIP	STREET ADDRESS	2.3 STREET ADDRESS	T/S
	CITY- ST- ZIP	2.4 CITY- ST- ZIP	RT. 4, Box 111
			CALLAHAN, FL 32011
TITLE	NAME	3.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	3.2 NAME	
CITY- ST- ZIP	STREET ADDRESS	3.3 STREET ADDRESS	
	CITY- ST- ZIP	3.4 CITY- ST- ZIP	
TITLE	NAME	4.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	4.2 NAME	
CITY- ST- ZIP	STREET ADDRESS	4.3 STREET ADDRESS	
	CITY- ST- ZIP	4.4 CITY- ST- ZIP	
TITLE	NAME	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	5.2 NAME	
CITY- ST- ZIP	STREET ADDRESS	5.3 STREET ADDRESS	
	CITY- ST- ZIP	5.4 CITY- ST- ZIP	
TITLE	NAME	6.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	NAME	6.2 NAME	
CITY- ST- ZIP	STREET ADDRESS	6.3 STREET ADDRESS	
	CITY- ST- ZIP	6.4 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)(a), 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 this corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13, if changed, in an attachment with an address.

SIGNATURE:  **NANCY E. EMMI** **4-27-95** **804** **879-1010**
(Signature typed or printed name of signing officer or director) Date (Signature typed or printed name of signing officer or director)