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PROFIT CORPORATION ANNUAL REPORT



Block 12 or Block 13 if changed, or on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P9500004433 (5)

EAGLE RECYCLING, INC.

Principal Place of Business Mailing Address 105 NORTH 22ND STREET WEWAHILEHKA FL 32465 MEXICO BEACH FL 32410 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/17/1995 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-3305018 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 25 24 30 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** GRANTLAND, JAMES L GRANTLAND JAMES 105 NORTH 22ND STREET Street Address (P.O. Box Number is Not Acceptable) 82 **MEXICO BEACH FL 32410** 83 84 Zip Code H:H11. 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 rection 607.0505, Florida Statutes. 42198 **SIGNATURE** (NOT) Registered Agent signature required when reinstating) of registerist agent and bite diapper abo OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition PD DELETE 1.1 TITLE TITLE GRANTLAND, JAMES L GRANTHAND, JAMES L NAME 1.2 NAME 235 Cockles Ave 105 NORTH 22ND STREET STREET ADDRESS 1.3 STREET ADDRESS **MEXICO BEACH FL 32410** CITY-ST-7IP 14 CITY - ST - ZIP VPD DELETE Addition TITLE 21 TITLE HABERNY, DALE NAME 2.2 NAME P. O. BOX 446 STREET ADDRESS 2.3 STREET ADDRESS NEW BURY OH 44065 CITY-ST-ZIP 2. 4 CITY-ST-ZiP DELETE Change ■ Addition TITLE 31 TITLE GRANTLAND, JOHN L. NAME 3.2 NAME 412-7TH STREET STREET ADDRESS 3.3 STREET ADDRESS MEXICO BEACH FL CITY-ST-7IP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE TITLE 61 THILE Addition 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 or suppliemental amount 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 607, Florida Statutes; and that my name appears in

412 198

BG-639-3900