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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

P95000004819 (5)

DOCUMENT # 1. Corporation Name

RECYCLING SERVICES, INC.

Principal Place of Business

Mailing Address



9012 TURNBERRY COURT TALLAHASSEE FL 32312		9012 TURNBERRY COURT TALLAHASSEE FL 32312				
					3. Date Incorporated or Qualifie 01/19/1995	d 3a. Date of Last Report
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21 4433	CUTREPOT BUD	26			37-328817	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	HHSSEE FL	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 323 /	Ocuntry Lew	Zip 29	Country 30	,	8. This corporation has liability the Florida Statutes	for intangible tax under s 199.032, ves 🔣 No
	Name and Address of Current	Registered Agent			10. Name and Address of New	y Registered Agent
			81	Name		
SCHMOOK, JOHN 9012 TURNBERRY COURT			82	Street Address (P.O. Box Number is Not Acceptable)		
	HASSEE FL 32312		83			
			84	City		85 Zip Code
11. Pursuant to	the provisions of Sections 607.0503	nd 607 1508 Clasida Statuta	e the chair	220100 221	votion a showto this	purpose of changing its registered office
SIGNATURE	d agent, or both, in the State of Florida n, and accept the obligations of, Section agnature, typed or printed name of registered agent a				ard of directors. I hereby accept the a	ppointment as registered agent. I am
12.	OFFICERS AND		13.			DEFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1. 1 TITLE	·	1.05.110.100.01.11.102.01.00	Change Addition
NAME	SCHMOOK, JOHN		1.2 NAME			El disalgo El vicolica
STREET ADDRESS	9012 TURNBERRY COURT		1.3 STREET	ADORECC		
CITY-S1-2IP	TALLAHASSEE FL 32312		1.4 CITY - 5			
TITLE		DELETE	2. 1 TITLE	11-215		Change Addition
NAME			2 2 NAME			C) change C) yourself
STREET ADDRESS			23 STREET	ADDRESS		
CITY-ST-ZIP			2.4 CITY- S			
TITLE		DELETE	3 1 TITLE	., .,		Change [*] Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3. STRFF	ADDRESS		
CITY-ST-ZIP			3 4 CHIY-5			
TITLE		DELETE	4 1 TITLE			Change Addition
NAME			4.2 NAME			<u> </u>
STREET ADDRESS			4 3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - S	T-ZIP		
TITLE		DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			•
STREET ADDRESS			5 3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 O'TY-S	T-ZiP		
THILE		DELFTE	6 1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-2IP			6.4 CITY - S	T - ZIP		
14. I do hereby	certify that the information supplied with	h this filing is voluntarily furnis	shed and doe	s not qualify	for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further

4. Ido hereby certify that the information supplied with this filling 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 by poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 Block 13 if the goal of the property of the statutes and that my name appears in Block 12 Block 13 if the goal of the property of the property

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/86

575-3906