FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # **F**

Principal Place of Business

C(17 - S1 - ZIP

SIGNATURE:

P95000013838 (4)

Mailing Address

AMERICAN ASH RECYCLING CORP. OF NEW ENGLAND

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

8622 SOUTHPOINT DRIVE 6822 SOUTHPOINT DRIVE SUIT 310 SUIT 310 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-6188 3. Date Incorporated or Qualified 3a. Date of Last Report 02/14/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3340298 26 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country Zip This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FLETCHER. BABETTE L **BARNETT CENTER - SUITE 3100** Street Address (P.O. Box Number is Not Acceptable) 82 50 NORTH LAURA ST. 83 JACKSONVILLE FL 32202 84 City 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, typed or portion name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12. DELETE 1.1 TITLE XXChange Addition 1-114 Gibbes, William R. 1428 Indian Woods Drive GIBBES, WILLIAM R 1.2 NAME NAME 1428 INDIAN WOOD DR 1.3 STREET ADDRESS STREET ADDRESS Neptune Boach, FL 32266 **NEPTUNE BEACH FL 32266** 1.4 CITY - ST - ZIP CITY - ST - 20F DP DEVP DELETE XX Change ___ Addition 21 TIFLE TITLE Carraux, Gary M. 7032 Cypross Bridge Circle Ponte Vedra, FL 32082 CARRAUX, GARY 2.2 NAME NAME 7032 CYPRESS BRIDGE CIRCLE STREET ADDRESS 2.3 STREET ADDRESS **PONTE VEDRA FL 32082** 2.4 CITY-ST-ZIP C TY - ST - ZIP Addition DELETE Change 3.1 TITLE THUE MANNING, G. STEPHEN 3.2 NAME NAVE 12183 TWAIN OAKES LN STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32233 34. CITY-ST-ZIP City - St - ZiP Change DELETE __ Addition 4 1 TITLE IH.F FLETCHER, BABETTE L 4 2 NAME NAME 5020 YACHT CLUB DR STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL CITY- ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS SURFLE ADDRESS 5.4 CITY-ST-ZIP CHY-ST-7IP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby 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 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 607, Florida Statutes; and that my name

MODULE PENNIONSES