

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # **P95000013838 (4)**
1. Corporation Name
AMERICAN ASH RECYCLING CORP. OF NEW ENGLAND

Principal Place of Business 6622 SOUTHPOINT DRIVE SUITE 310 JACKSONVILLE FL 32216	Mailing Address 6622 SOUTHPOINT DRIVE SUITE 310 JACKSONVILLE FL 32216
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1995	
4. FEI Number 59-3340298	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent FLETCHER, BABETTE L BARNETT CENTER - SUITE 3100 50 NORTH LAURA ST. JACKSONVILLE FL 32202	10. Name and Address of New Registered Agent 81 Name Fletcher, Babette L. 82 Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura St. Ste. 3900 83 84 City Jacksonville FL 85 Zip Code 32202
--	---

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 *Babette L. Fletcher* **Babette L. Fletcher** DATE **3/28/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBBES, WILLIAM R	1.2 NAME	
STREET ADDRESS	1428 INDIAN WOOD DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DEVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRAUX, GARY	2.2 NAME	
STREET ADDRESS	7032 CYPRESS BRIDGE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, G. STEPHEN	3.2 NAME	
STREET ADDRESS	12163 TWAIN OAKES LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32233	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BABETTE L	4.2 NAME	
STREET ADDRESS	5020 YACHT CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *William R. Gibbs* **William R. Gibbs** 3/28/98 (904) 296-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0035713

CR2E034 (10/97)