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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055399 (6)

1. Corporation Name

SUN STATE RECYCLING OF LEESBURG, INC.



Principal Place of Business

Mailing Address

**1508 N.W. 55TH PLACE
GAINESVILLE FL 32653**

**1508 N.W. 55TH PLACE
GAINESVILLE FL 32653**

2. Principal Place of Business

2a. Mailing Address

21 2296 Hwy 441

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Fruitland Park FL

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARMS, BARBARA J
1508 N.W. 55TH PLACE
GAINESVILLE FL 32653**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature of individual or registered agent and the corporation

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

**D, President
CHESHIRE, RAYMOND L
13727 N.W. 19TH PLACE
GAINESVILLE FL 32606**

☐ DELETE

**D, Secretary
HARMS, BARBARA J
4201 N.W. 60TH AVENUE
GAINESVILLE FL 32653**

☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

☐ DELETE

**NAME
STREET ADDRESS
CITY, ST, ZIP**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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)(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 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 address.

SIGNATURE: Barbara Harms
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96
Date

352-375-0224
Display Phone #

CR2E034 (12/95)