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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000073980 (1)

1. Corporation Name

ZEPHYRHILLS RECYCLING, INC.



Principal Place of Business

9150 GALL BLVD.
ZEPHYRHILLS FL 33540

Mailing Address

9150 GALL BLVD.
ZEPHYRHILLS FL 33540

3. Date Incorporated or Qualified
09/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVENPORT, ROBERT L
1902 ORIENT ROAD
TAMPA FL 33619

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 officer or director or registered agent or both (Type name)

Signature of Registered Agent (Signature required when not state agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME REED, KATRINA K
STREET ADDRESS 31735 TALLY HO LANE
CITY-STATE-ZIP ZEPHYRHILLS FL 33543

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE NAME ☐ DELETE
NAME DAVENPORT, ROBERT L
STREET ADDRESS 1902 ORIENT RD.
CITY-STATE-ZIP TAMPA FL 33619

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS

TITLE NAME ☐ DELETE
NAME DAVENPORT, ROBERT L
STREET ADDRESS 1902 ORIENT RD.
CITY-STATE-ZIP TAMPA FL 33619

2.4 CITY-STATE-ZIP
3.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME DAVENPORT, ROBERT L
STREET ADDRESS 1902 ORIENT RD.
CITY-STATE-ZIP TAMPA FL 33619

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: Katrina K. Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katrina K. Reed (President) 1-26-96 813-780-7959

Date

Display Phone #

CR2E034 (12/95)