

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000081532

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** AACTION RECYCLING CORPORATION

**Current Principal Place of Business:**

1405 COUNTY RD 210 WEST  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

1405 COUNTY RD 210 WEST  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 59-3345691

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AYCOCK, LYNDIA R  
1301 RIVERPLACE DRIVE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

KRONE, BONNIE M  
1465 COUNTY ROAD 210 W  
JACKSONVILLE, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BONNIE M. KRONE

04/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TOWNSEND, W R  
Address: 1465 CR 210 WEST  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP  
Name: KRONE, BONNIE M VICE PR  
Address: 1465 COUNTY RD. 210 W.  
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE M. KRONE

VP

04/01/2011

Electronic Signature of Signing Officer or Director

Date