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FILED
Mar 12 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 # P96000003854 (2)

1. Corporation Name

RESOURCE RECOVERY SERVICES, INC.

Principal Place of Business

Mailing Address

2211 PECK ST
FT. MYERS FL 33901
US

~~2201 MAIN STREET~~ 2211 Peck St.
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1996

4. FEI Number

65-0639733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 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

GALVAN, RALPH
~~2201 MAIN STREET~~ 2211 Peck St.
FT. MYERS FL 33901

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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME INGALLS, JERRY
STREET ADDRESS P.O. BOX 1592
CITY-ST-ZIP FT. MYERS FL 33902

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Ingalls, Jerry
1.3 STREET ADDRESS 2211 Peck Street
1.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ DELETE
NAME GALVAN, RALPH
STREET ADDRESS P.O. BOX 1592
CITY-ST-ZIP FT. MYERS FL 33902

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME Galvan, Ralph
2.3 STREET ADDRESS 2211 Peck Street
2.4 CITY-ST-ZIP Ft. Myers, FL 33901

TITLE D ☐ DELETE
NAME HANSON, LEWIS J
STREET ADDRESS 520 WASHINGTON BLVD., SUITE 682
CITY-ST-ZIP MARINA DEL REY CA 90292

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 address.

SIGNATURE:

Ralph Galvan

2/16/98

941

337 3565

CR2E034 (10/97)