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FILED
May 05 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 # P96000051646 (3)

1. Corporation Name

AMERICAN ASH RECYCLING CORP. OF CONNECTICUT



Principal Place of Business

6622 SOUTHPOINT DR S
SUITE 310
JACKSONVILLE FL 32216

Mailing Address

6622 SOUTHPOINT DR S
SUITE 310
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number
59-3448121

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MANNING, G. STEPHEN
6622 SOUTHPOINT DR S
SUITE 310
JACKSONVILLE FL 32216

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
Signature, typed or printed name of registered agent and title if applicable

Babette L. Fletcher

(NOTE: Registered Agent signature required when reinstating)

3/28/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DS ☒ DELETE
NAME MANNING, STEPHEN G
STREET ADDRESS 6622 SOUTHPOINT DRIVE SOUTH, SUITE 310
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE CDPT ☐ DELETE
NAME GIBBES, WILLIAM R
STREET ADDRESS 1428 INDIAN WOOD DRIVE
CITY-ST-ZIP NEPTUNE BEACH FL 32266

TITLE DEVP ☐ DELETE
NAME CARRAUX, GARY M
STREET ADDRESS 7032 CYPRESS BRIDGE CIRCLE
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition
1.2 NAME Fletcher, Babette L.
1.3 STREET ADDRESS 5020 Yacht Club Rd.
1.4 CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Hammond, Peter S.
2.3 STREET ADDRESS 2 Old Pond Road
2.4 CITY-ST-ZIP Farmington, CT 06032

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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

William R. Gibbs

William R. Gibbs

3/28/98

(904) 296-2800

CR2E034 (10/97)