

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000055027 (2)

1. Corporation Name
AMERICAN ASH RECYCLING CORP. OF NEW YORK

Corp



Principal Place of Business
6622 SOUTHPOINT DRIVE SOUTH STE 310
JACKSONVILLE FL 32216

Mailing Address
6622 SOUTHPOINT DRIVE SOUTH STE 310
JACKSONVILLE FL 32216-6168

3. Date Incorporated or Qualified
07/01/1996

3a. Date of Last Report
N/A

4. FEI Number
Applied For

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

MANNING, G S
6622 SOUTHPOINT DRIVE SOUTH STE 310
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 title if appropriate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Manning, G. S.
STREET ADDRESS		1.3 STREET ADDRESS	6622 Southpoint Drive South, Suite 310
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	CDPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Gibbes, William R.
STREET ADDRESS		2.3 STREET ADDRESS	1428 Indian Wood Drive
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Neptune Beach, FL 32266
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DEVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Carraux, Gary M.
STREET ADDRESS		3.3 STREET ADDRESS	7032 Cypress Bridge Circle
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ponte Vedra, FL 32082
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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:

[Signature]

4/20/97 (904) 246-7000

CR2E034 (9/96)