

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

FILED

May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Andrea B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000055027 2)

1. Corporation Name

AMERICAN ASH RECYCLING CORP. OF NEW YORK

Principal Place of Business

6622 SOUTHPPOINT DRIVE SOUTH STE 310  
JACKSONVILLE FL 32216

Mailing Address

6622 SOUTHPPOINT DRIVE SOUTH STE 310  
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

NOT APPLICABLE

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MANNING, G S  
6622 SOUTHPPOINT DRIVE SOUTH STE 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's signature required when reinstating)

3/28/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	MANNING, G.S.	
STREET ADDRESS	6622 SOUTHPPOINT DR S, STE 310	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	CDPT	<input type="checkbox"/> DELETE
NAME	GIBBES, WILLIAM R	
STREET ADDRESS	1428 INDIAN WOOD DRIVE	
CITY-ST-ZIP	NEPTUNE BEACH FL	

TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	CARRAUS, GARY	
STREET ADDRESS	7032 CYPRESS BRIDGE CIRCLE	
CITY-ST-ZIP	PONTE VERDE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Gibbes

3/28/98

(904) 296-2800

Date: Daytime Phone # 0035671

CR2E034 (10/97)