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Mar 28 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 # P96000090935 (3)

1. Corporation Name

AMERICAN RECYCLING CENTER, INC.



Principal Place of Business

215 CITRUS AVENUE  
LAKE PLACID FL 33852

Mailing Address

215 CITRUS AVENUE  
LAKE PLACID FL 33852-6406

3. Date Incorporated or Qualified

11/01/1996

3a. Date of Last Report

NEW CORP.

2. Principal Place of Business

INC

2a. Mailing Address

INC

21 AMERICAN Recycling Center  
Suite, Apt. #, etc.

AMERICAN Recycling Center  
Suite, Apt. #, etc.

4. FEI Number

59-343203P

Applied For

Not Applicable

22 215 CITRUS AVE.

27 215 CITRUS AVE.

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23 LAKE PLACID, Florida

28 LAKE PLACID, Florida

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 33852

25 HIGHLANDS

29 33852

30 HIGHLANDS

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KEYS, EVELYN C  
215 CITRUS AVENUE  
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President  
NAME PAUL J. KEYS  
STREET ADDRESS 3023 Tanglewood Ave.  
CITY-STATE-ZIP LAKE PLACID, FL. 33852

TITLE VICE President  
NAME ROGER L. KEYS  
STREET ADDRESS 1051 COLLINS ST.  
CITY-STATE-ZIP LAKE PLACID, FL. 33852

TITLE Secretary  
NAME EVELYN C. KEYS  
STREET ADDRESS 3023 Tanglewood Ave.  
CITY-STATE-ZIP LAKE PLACID, FL. 33852

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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:

ROGER L. KEYS - Registered Agent  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-97

Date

941-699-2757

Daytime Phone #

0389666

CR2E034 (9/96)