NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
May 15, 1999 8:00 am
Secretary of State
05-15-1999 90011 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1998 99

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

DOCUMENT # P96000104380 (6)

1. Corporation Name
FLORIDA RECYCLING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
100-14TH AVENUE SOUTH ST. PETERSBURG FL 33701	100-14TH AVENUE SOUTH ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/26/1996

2. Principal Place of Business
21: 11706 N. HWY 301
Suite, Apt. #, etc.
22:
City & State
23: THONOTOSASSA, FL
24: Zip 33592 — 25: Country USA

2a. Mailing Address
26: P.O. BOX 752823
Suite, Apt. #, etc.
27:
City & State
28: TAMPA, FL
29: Zip 33675 — 30: Country USA

4. FEI Number: 59-3434882 ☐ 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

9. Name and Address of Current Registered Agent

ALDERSON, ANNETTE B
~~100-14TH AVENUE SOUTH~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: ANNETTE B. ALDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 11706 N. HWY 301
83:
84 City: THONOTOSASSA, FL — 85 Zip Code: 33592

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: Annette B. Alderson — 4/28/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	P	11 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, A BURT	12 NAME	
STREET ADDRESS	11706 N HWY 301	13 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	14 CITY-ST-ZIP	
☐ DELETE			
TYPE	S	21 TITLE	☐ Change ☒ Addition
NAME	ANNETTE B. ALDERSON	22 NAME	
STREET ADDRESS	100-14TH AVENUE SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 33701	24 CITY-ST-ZIP	
☐ DELETE			
TYPE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
☐ DELETE			
TYPE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
☐ DELETE			
TYPE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
☐ DELETE			
TYPE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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. Annette B. Alderson 4/28/99 813/986-6183

SIGNATURE: Annette B. Alderson 7/23/98 813/822-3888