

<b>DOCUMENT # P97000012337</b>	
<b>1. Entity Name</b>	
<b>GEL RECYCLING, INC.</b>	

1. Entity Name  
**GEL RECYCLING, INC.**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

[illegible]

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 6033(c)(2) of the Internal Revenue Code, or that the information is true and accurate and that my signature shall have the effect of certifying that the information is true and accurate and that the person signing this report is the owner of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6033(c)(2) of the Internal Revenue Code, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Milton Eugene Evans, Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

628835

DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3540038	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
P.O. Box Number is Not Acceptable)	
FL	Zip Code

when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

e	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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[illegible]

Section 119.07(3)(i), Florida Statutes. I further certify that the information  
has the same legal effect as if made under oath; that I am an officer or director  
of Florida Statutes; and that my name appears in Block 11 or Block 12 if

3-15-00 904-775-3051  
Date Daytime Phone #