

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90029 024 ***150.00

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1. Entity Name
FLORIDA RECYCLERS OF BREVARD, INC.



Principal Place of Business
**1682 1688 W. HIBISCUS BLVD.
MELBOURNE, FL 32901**

Mailing Address
**1682 1688 W. HIBISCUS BLVD.
MELBOURNE, FL 32901**

DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3435871

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**1682 JELUS, TIMOTHY C
1688 W. HIBISCUS BLVD.
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JELUS, TIMOTHY C
STREET ADDRESS	1688 W. HIBISCUS BLVD. 1682
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	EVANS, ARTHUR F III
STREET ADDRESS	1688 W. HIBISCUS BLVD. 1682
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	EVANS, HUGH M JR
STREET ADDRESS	1688 W HIBISCUS BLVD 1682
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	SMITH, DAVID L
STREET ADDRESS	1688 W HIBISCUS BLVD 1682
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-04

321-543-7495