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PROFIT CORPORATION **ANNUAL REPORT**

1998

CITY+S1-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

May 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000072137 (7) DOCUMENT #

MARY BRYAN RECYCLING, INC.

Principal Place of Business Mailing Address 200 SOLANA RD., STE. C 200 SOLANA RD., STE. C PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/20/1997 2. Principal Place of Business 2a. Mailing Address Applied For 59 3465 624 21 Not Applicable Suite, Apt. #, etc. Suile, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Zır 8. This corporation owes or has paid the current year Intangible 24 25 29 Yes Yes 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RINGEISEN, HAROLD L 200 SOLANA RD., STE. C 82 Street Address (P.O. Box Number is Not Acceptable) PONTÉ VEDRA BEACH FL 32082 83 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, type dior pended name of repedered agent and tille if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change President 1.1 TITLE ___ Addition NAME Ted Watson 1.2 NAME 11020 Huebner Oaks #912 STREET ADDRESS 1.3 STREET ADDRESS san Antonio, TX CITY-ST-ZIP 1.4 CITY - ST - 20P DELETE TITLE 2.1 THLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3.1 THEE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY - S1 - ZIP TITLE □ DELETE ☐ Addition 4.1 TITLE Change NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - ST - Z(P DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAM6 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - 7)P TITLE DELETE Change Addition 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CHTY - ST - 74P 14. Thereby certify that the information supplied with this filling 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