FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088345 (8)

1. Corporation PUTNA	M RECYCLING INC.	,000004	O (O)			
Principal Place of Business Mailing Address					I TREATMENT THE LEVIL TOBELL DELIT DELIT EDIT TOTAL	
1819 MADISON 87 1819 MADISON ST						
PALATKA FL 32177 PALATKA FL 32177						DO MOT MURITE IN THIS SPACE
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 10/13/1997
2. Principal Place of Business 2a. Ma			Mailing Address			4. FEI Number Applied For
21		26				59-3474337 Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & State	8	City & State				6. Election Campaign Financing \$5.00 May Be
23		Zip Country			Trust Fund Contribution Added to Fees	
2ip 24	Zip Country		·			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	4 25 29 Name and Address of Current Reg		Agent 30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
WI	LIAMS, BRENDA			81	Name	10
	33 CRILL AVE					
	LATKA FL 32177			82 Street Addre		lress (P.O. Box Number is Not Acceptable)
1.04	FALAIRA FL SCIII			83	-	
				64	City	FL 85 Zip Code
SIGNATURE	Signature: typed or proded name of regestured a					ation's board of directors. I hereby accept the appointment as registered DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 TITLE		Change Addition
NAME			1.2 NAME			
STREET ADDRESS			1.3 S		ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		1.4 CITY - S	T-ZIP		
TITLE	D			2 1 TITLE		☐ Change ☐ Addition
NAME	HACKNEY, JERRY L SR		2.2 NAME	-		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		2. 4 CITY-5	ST-ZIP		
TITLE	D DELETE		3.1 TITLE		Change Addition	
NAME	HACKNEY, JERRY L JR		3.2 NAME			
STREET ADDRESS	1819 MADISON ST			3.3 STREET	ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177		3.4. CITY - 5	ST-ZIP	and the control of th	
, TITLE 13	DELETE		4.1 THTLE		Change Addition	
NAME				4. 2 NAME		
STREET ADDRESS				4 3 STREET	1	
CITY-ST-ZIP	Dr. Pre		4.4 CITY-S	T-7 P	0	
TITLE	DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME	. 1	
STREET ADDRESS				5.3 STREE1	- 1	
CITY-ST-ZIP			5.4 CITY - S	1-2IP	Chance	
TITLE		L.	T DEFEIF	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET	AUDRESS	

14. Thereby 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 ampowered 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 alterhiment with an address.

FILED

May 11 1998 8:00am

Secretary of State