

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90095 042 ***150.00

DOCUMENT # P98000050561

1. Corporation Name

RECYCLING USA OF GAINESVILLE, INC.

Principal Place of Business

4600 WEST CYPRESS STREET #500
TAMPA FL 33607

Mailing Address

4600 WEST CYPRESS STREET #500
TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/04/1998

4. FEI Number

59-3526674

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 4511 N. HIMES AVENUE

2a. Mailing Address

26 4511 N. HIMES AVENUE

Suite, Apt. #, etc.

22 #245

Suite, Apt. #, etc.

27 #245

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

Zip

24 33614

Country

25 USA

Zip

29 33614

Country

30 USA

9. Name and Address of Current Registered Agent

LOPEZ, AL R JR.
4600 WEST CYPRESS STREET #500
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LOPEZ, AL R JR.
STREET ADDRESS 4600 WEST CYPRESS STREET #500
CITY-ST-ZIP TAMPA FL 33607

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, CEO
1.2 NAME Wallace W. Carter
1.3 STREET ADDRESS 4511 North Himes, Suite 245
1.4 CITY-ST-ZIP Tampa, FL 33614

☐ Change ☒ Addition

2.1 TITLE D, V, S, T
2.2 NAME Paige A. Carter
2.3 STREET ADDRESS 4511 North Himes, Suite 245
2.4 CITY-ST-ZIP Tampa, FL 33614

☐ Change ☒ Addition

3.1 TITLE P
3.2 NAME Clarence Jack Carter, Jr.
3.3 STREET ADDRESS 4511 North Himes, Suite 245
3.4 CITY-ST-ZIP Tampa, FL 33614

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X-759 X 813-348-9700

CR2E034 (11/98)