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Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998.		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S09184
1. Corporation Name
MID-COUNTY RECYCLING COMPANY

Principal Place of Business: 12875 60th STREET N. CLEARWATER, FL 33760
Mailing Address: 12875 60th STREET N CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1990	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number 59-3037752	
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHUH, DANIEL 248 MIRROR LAKE DR NORTH ST. PETE, FL 33701		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 _____ (Type and print name of person authorized to sign for corporation) (Type and print name of Registered Agent, if different from person signing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	SCHUH, DANIEL B.	12 NAME	
STREET ADDRESS	248 MIRROR LAKE DR	13 STREET ADDRESS	
CITY-ST-ZIP	ST. PETE, FL	14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	SEGOVIA, JAMES D	22 NAME	
STREET ADDRESS	12875 60th ST. N.	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33760	24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form 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. I changed or changed my name with the address.

SIGNATURE: *[Signature]* 5/20/98 813 539 1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)