PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90011 038 ***150.00

DOCUMENT # S09184

MID-COUNTY RECYCLING COMPA							
Principal Place of Business							
12875 60TH ST. N. CLEARWATER FL 33760							

Mailing Address

12875 60TH ST. N. CLEARWATER FL 33760

					DO NOT WRITE IN THIS	SOPACE	
					3. Date Incorporated or Qualifed		
				·	10/29/1990		T
·	lace of Business	2a. Mailing Address) i	(. D. v.	4. FEI Number	<u> </u>	Applied For
21	·	26 248 MILY	or car	e er l	59-3037752		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Addit Fee Require			
City & Stat	e	City & State			6. Election Campaign Financing		.00 May Be
23		28 St. Pute	FI_		Trust Fund Contribution	•	ded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year in	_=	_
24	25		30 4	iellas	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent	
ecu.	IN DANIEL D		81	Name			
	UH, DANIEL B.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	MIRROR LAKE DRIVE NORTH		<u></u>				
51.1	PETERSBURG FL 33701		83				
			84	City	FI	85	Žip Code
				L	oration submits this statement for the purpose o		
12.		D DIRECTORS	13.	nt signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
TITLE	SD	☐ DELETE	1.1 TITLE			Cha	nge 🔲 Additio
NAME	SCHUH, DANIEL B.		1.2 NAME				
STREET ADDRESS	248 MIRROR LAKE DR. NO.		1.3 STREE	TADDRESS			
CITY+ST-ZIP	ST. PETERSBURG FL 33701		1.4 CITY-S	T-ZIP			_
TITLE	DP	☐ D€LETE	2.1 TITLE			☐ Cha	nge 🗌 Additio
NAME	SEGONIA, JAMES D		2.2 NAME	}			
STREET ADDRESS	12875 60TH ST. N.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33760		2. 4 CITY-5	ST- ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	nge
NAME			3.2 NAME				
STREET ADDRESS	e page 1		3.3 STREE	ADDRESS			
CITY-ST-ZIP			3.4. CITY-5	T-ZIP			
TITLE		☐ DELETE	4.1 TITLE			Cha	nge 🔲 Additio
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE	•	☐ DELETE	5.1 TITLE			☐ Cha	nge 🔲 Additio
NAME			5.2 NAME				

6.4 CITY-ST-ZIP CITY-ST-ZIP . 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

Daytime Phone i

Change

☐ Addition