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May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S34587** (3)  
1. Corporation Name  
**CHESHIRE RECYCLING SYSTEMS, INC.**

Principal Place of Business  
**1508 NW 55TH PLACE  
GAINESVILLE FL 32606  
US**

Mailing Address  
**1508 NW 55TH PLACE  
GAINESVILLE FL 32653-2111  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/28/1991</b>	3a. Date of Last Report <b>02/02/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3042925</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip <b>32653</b>	25	Country	29	30
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**HARMS, BARBARA  
1508 NW 55TH PLACE  
GAINESVILLE FL 32606**

81 Name **Deidra Bohannon**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **1508 NW 55th PL**  
84 City **Gainesville** FL 85 Zip Code **32653**

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 **Deidra Bohannon**

DATE **4-22-97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	<b>DP</b>	<b>CHESHIRE, RAYMOND</b>	<b>1508 NW 55TH PLACE GAINESVILLE FL</b>				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	<b>STD</b>	<b>HARMS, BARBARA</b>	<b>1508 NW 55TH PLACE GAINESVILLE FL</b>		<b>DS</b>	<b>Bohannon, Deidra</b>	<b>9511 NE County Rd 225 Gainesville FL 32609</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **Deidra Bohannon**

CP2E034 (9/96)