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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # \$34587

(3)

CHESHIRE RECYCLING SYSTEMS, INC.

	Principal Place of Business	Mailing Address	
1 4 1 2 200	1508 NW 55TH PLACE GAINESVILLE FL \$2606 US	1508 NW 55TH PLACE Gainesville FL 32653-2111 US	

FILED May 01 1997 8:00am Secretary of State



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Principal Place	e of Business	Mailing Address			L SERVINIA 100 TIME BIRE BIRE SELLE	981 8 1811 8 1911	OIDII BIBIK BIBI	II 81814 IBB1	
1508 NW 55TH GAINESVILLE F	PLACE FL \$2806	_	GAINESVILLE FL 32653-2111						
US		U\$			3. Date Incorporated or Qualified 02/28/1991	ı	ate of Last F	Report	
2. Principal Pl	ace of Business	2a. Mailing Address		- ***	4. FEI Number			pplied For	ٳ
21		26			59-3042925		_ N	ot Applicable	
Sulte, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional]	
22		27		····				equired	1
City & State		Cily & State			6. Election Campaign Financing	[]		May Be	ı
23	Country	28 Zip	Cou	oles /	Trust Fund Contribution			to Fees	┨
zip 324	53 25	29	30	ııry	8. This corporation has liability for Florida Statutes		tax under s ∏ No	s 199.032,	
24 0-1	9. Name and Address of Currer		[30]		10. Name and Address of New I				1
HAD	RMS, BARBARA			81 Name	N . 1 1 . 1 . 0	· <u>-</u>			1
	B NW 55TH PLACE			00 69		<u> </u>)r 1		4
	NESVILLE FL 32606		}	82 Street	Address (P.O. Box Number is Not Accept	aoie)			
W III	NEOVILLE 1 E OLOGO		Ì	83	500 NI 1 561h	01			1
			ļ	24 02	508 NW 554h	1 L.	Ta-T 7:	01-	-
			i	84 City	ainesville	FL	85 35	Code 3	
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	os, the at	ove-named	corporation submits this statement for the	purpose o	f changing i	its registered	1
ottice or ra a ge nt∄ ar	egistered agent, or both, in the state m /am iliar with, and accept the obliga	ations of, Section 607,0505, Flo	iumorizet irida Stat	i by the corp utes:	poration's board of directors. I hereby acc	ept the app	ointment as	s registerea •	
SIGNATURE	KUALA) (BO	mannon	J			4-27	2-97	,	
	expediure, typod or printed name of registered ago			Agent signature	required when reinstating)	DATE			┨_
12.	OFFICERS AN	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	RS IN 12	નું 8
TITLE NAME	CHESHIRE, RAYMOND	pricie	1.1 TII 1.2 NA				L Change		18
1	1508 NW 55TH PLACE								١ŝ
STREET ADDRESS	GAINESVILLE FL			REFT ADDRESS IY-ST-ZIP					Ę
CITY-ST-ZIP TITLE	STD	DELETE			DS		Change	Addition	18
NAME	HARMS, BARBARA		2.2 NA		Bohannon Deidra				1
STREET ADDRESS	1508 NW 55TH PLACE			REET ADDRESS	Bohannon, Deidra 9511 NE County Rd2	25			
CITY-ST-ZIP	GAINESVILLE FL		1	1Y - S1 - ZIP	Gamesville 71 321				1
TITLE		DELETE	3.1 T(1				Change	☐ Addition	1
NAME			3.2 N/	ME					
STREET ADDRESS			3 3 ST	REET ADDRESS					
CITY-ST-ZIP			3.4. C	IY-SI-ZIP]
TITLE		☐ DELFTE	4.1 16	LF			Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		4.4 CI		AM E					
				REET ADDRESS					
				Y-\$1-7IP					1
TITLE		☐ DELETE	5110	LF			Change	Addition	
NAME			5 2 NA	ME					
STREET ADDRESS			5.3 ST	REET ADDRESS					
CITY-ST-ZIP		T or ev		Y - S1 - ZIP				7.4400	4
TITLE		☐ DELETE	6.1 1(1		}		Change	Addilion	
NAME			6.2 NA						ĺ
STREET ADDRESS				REFT ADDRESS					-
CITY-ST-ZIP	and the the inferentian and	ducit, this files does not publi	6 4 C/	Y-S1-7P	typical in Postion 110 07/(2)(i) Florido Pint.	too I feelba	r portifu that		4

information indicated on this annual report or supplied with this filling 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 phanged, or on a state that ment with an address.