FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S42366** **(2)**

1. Corporation Name
TRITECH RECYCLING, INC.

Principal Place of Business	Mailing Address
P O BOX 2522 TAMPA FL 33601	P O BOX 2522 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/02/1991**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-3063716** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CONNER, DOUGLAS B
4100 E 7TH AVENUE
TAMPA FL 33605

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	OMIT	☒ Change ☐ Addition
NAME	CONNER, J. W. JR.	1.2 NAME	DECEASED	
STREET ADDRESS	4100 E 7TH AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	DST	2.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	CONNER, DOUGLAS B	2.2 NAME	CONNER, DOUGLAS B.	
STREET ADDRESS	4100 E 7TH AVE	2.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	AKERS, R. DEAN	3.2 NAME	AKERS, R. DEAN	
STREET ADDRESS	4100 E 7TH AVE	3.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE	P	4.1 TITLE	P	☒ Change ☐ Addition
NAME	CONNER, JACK R., JR.	4.2 NAME	CONNER, JACK R., JR.	
STREET ADDRESS	4100 E 7TH AVE	4.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		5.1 TITLE	D	☐ Change ☒ Addition
NAME		5.2 NAME	CONNER, JACK R., SR.	
STREET ADDRESS		5.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33605	
TITLE		6.1 TITLE	V/D	☐ Change ☒ Addition
NAME		6.2 NAME	CONNER, DONALD L.	
STREET ADDRESS		6.3 STREET ADDRESS	4100 E. 7TH AVE.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	TAMPA, FL 33605	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Douglas B. Conner Douglas B. Conner 4/24/95 813 247-4441
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0442263 FP