SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S72448** **(1)**

1. Corporation Name
AMERICAN RECYCLING & METALS, INC.

Principal Place of Business	Mailing Address
2160 MCCOYS CREEK BLVD. JACKSONVILLE FL 32204 US	2160 MCCOYS CREEK BLVD. JACKSONVILLE FL 32204 US

3. Date Incorporated or Qualified: **08/13/1991**
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21: 355 South Ellis Rd.
22: Suite, Apt. #, etc.
23: City & State: Jacksonville, FL
24: Zip: 32254
25: Country: U.S.

2a. Mailing Address
26: P.O. Box 6876
27: Suite, Apt. #, etc.
28: City & State: Jacksonville, FL
29: Zip: 32236
30: Country: U.S.

4. FEI Number: **59-3079602** ☐ 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

8. This corporation has liability for taxable land under s. 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

PREVATT, JAMES W.
2160 MCCOYS CREEK BLVD.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name: JAMES W. PREVATT
82 Street Address (P.O. Box Number is Not Acceptable): 355 South Ellis Rd.
83: P.O. Box 6876
84 City: Jacksonville FL 85 Zip Code: 32254

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: _____ (If changing Registered Agent, Registered Agent must sign here.) DATE: _____

12. OFFICERS AND/OR DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PREVATT, JAMES		1.2 NAME		
STREET ADDRESS	10 ELIJAH DOBSON RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	OLUSTEE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	OOSTERHOUDT, MICHAEL B.		2.2 NAME		
STREET ADDRESS	RURAL ROUTE 7, BOX 512 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	OOSTERHOUDT, PATRICK		3.2 NAME		
STREET ADDRESS	RURAL ROUTE 7, BOX 512 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	OWENS, DAVID		4.2 NAME		
STREET ADDRESS	JESSE YARBROUGH ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PREVATT, WILLIAM C.		5.2 NAME		
STREET ADDRESS	8 ELIJAH DOBSON		5.3 STREET ADDRESS		
CITY-ST-ZIP	OLUSTEE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jim Prevatt Jim PREVATT 06/11/96 904-353-1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number