

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 16 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 # **S72448** (1)

1. Corporation Name  
**AMERICAN RECYCLING & METALS, INC.**

Principal Place of Business  
**355 SOUTH ELLIS RD  
JACKSONVILLE FL 32204  
US**

Mailing Address  
**P.O. BOX 6876  
JACKSONVILLE FL 32206-6876  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**08/13/1991**

3a. Date of Last Report

**07/05/1996**

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 intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PREVATT, JAMES W  
355 SOUTH ELLIS RD  
P.O. BOX 6876  
JACKSONVILLE FL 32204**

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 607.0102 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

Signature typed or printed name (if not handwritten, include title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PREVATT, JAMES	
STREET ADDRESS	10 ELIJAH DOBSON RD.	
CITY-ST-ZIP	OLUSTEE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OOSTERHOUDT, MICHAEL B.	
STREET ADDRESS	RURAL ROUTE 7, BOX 512 N/A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	OOSTERHOUDT, PATRICK	
STREET ADDRESS	RURAL ROUTE 7, BOX 512 N/A	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	OWENS, DAVID	
STREET ADDRESS	JESSE YARBROUGH ROAD	
CITY-ST-ZIP	MACCLENRY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREVATT, WILLIAM C.	
STREET ADDRESS	8 ELIJAH DOBSON	
CITY-ST-ZIP	OLUSTEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 a 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

904-781-0050

Daytime Phone #

CR2E034 (9/96)