PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation N 	IEN I # \$724 4 I RECYCLING & META								
Principal Place of	f Business	Mailing Addres	s		()\$\$((\$)\$ (1) (\$(\$)\$ (\$)) \$(\$)\$ (\$)				
355 SOUTH ELLIS JACKSONVILLE FL US		P.O. BOX 6876 JACKSONVILLE 1 US	FL 32204		DO NOT WRITE IN THIS SPACE				
00		30			3. Date Incorporated or Qualifed 08/13/1991				
2. Principal Plac	e of Business	2a. Mailing Add	ress		4. FEI Number 59-3079602				
Suite, Apt. #,	etc.	Suite, Apt. #	f, etc.		-5 Certificate of Status Desired \$8.				
City & State		City & State	•		6. Election Campaign Financing Trust Fund Contribution Ac				
Zip 24	Country 25	Zip	30	Country	This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered Agent				
PREVATT, JAMES W 355 SOUTH ELLIS RD					81 Name 82 Street Address (P.O. Box Number is Not Acceptable)				

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90033 046 ***150.00



Applied For

Fee Required \$5,00 May Be

Added to Fees

Not Applicable \$8.75 Additional

JACKSONVILLE FL 32204 84	333 30010 EEB3 ND														
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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PREVATT, JAMES 12 NAME STREET ADDRESS CITY-ST-ZIP OUSTEE FL 1.4 CITY-ST-ZIP UPD DELETE 2.1 TITLE VPD DELETE 1.7 TITLE VPD DELETE 3.1 TITLE Change Addition CITY-ST-ZIP CHANGE TITLE VPD DELETE 3.1 TITLE VPD Change Addition Change Addition Change Addition Change Addition Change Addition CHY-ST-ZIP CHANGE CITY-ST-ZIP TITLE VPD CHANGE CITY-ST-ZIP CHANGE ALKE CITY FL CHANGE Addition Change Addition Change Addition Change Addition Change Addition Change Addition	P.O.BOX 6876				Γ				Į						
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD NAME PREVATT, JAMES 10 ELIJAH DOBSON RD. 11 STIREET ADDRESS 11 STIREET ADDRESS 12 NAME STREET ADDRESS TITLE OOSTERHOUDT, MICHAEL B. STREET ADDRESS CITY-ST-ZIP TITLE VPD OOSTERHOUDT, PATRICK STREET ADDRESS CITY-ST-ZIP TITLE OOSTERHOUDT, PATRICK STREET ADDRESS A, CITY-ST-ZIP TITLE OCHANGE Addition Addition Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition	JACKSONVILLE FL 32204														
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NAME PREVATT, WILLIAM C. 52 NAME	NAME	THEVALL, VILLIAN C.		5.2 NAME											
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I nereby 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 informatic indicated on this annual report or supplemental affinal 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 of 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 or an attachment with an address; with all other like empowered.

SIGNATURE:

Jim Prevatt

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