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 MAY -1 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **S86930** **(2)**

1. Corporation Name

AMERICAN ASH RECYCLING CORP. OF TENNESSEE

Principal Place of Business	Mailing Address
6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE FL 32216	6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 10/07/1991

3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-3093121 ☐ 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 files jointly for interstate tax under § 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FLETCHER, BABETTE L.
SUITE 3100
50 NORTH LAURA STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
Kirschner,Main,Petrie,Graham,Tanner & Demont

83
One Independent Drive, Ste. 2000

84 City: Jacksonville **FL** 85 Zip Code: 32202

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 _____ (Typed or printed name of registered agent and title, if applicable) _____ (New Registered Agent Signature, if agent is changing) _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☐ Change ☒ Addition
NAME	GIBBES, WILLIAM R.	12 NAME	
STREET ADDRESS	1428 INDIAN WOODS DRIVE	13 STREET ADDRESS	
CITY ST ZIP	NEPTUNE BEACH FL	14 CITY ST ZIP	32266
TITLE	D	21 TITLE	Ø EVP ☒ Change ☐ Addition
NAME	OREN, EMBRY E	22 NAME	Embry, Oren E.
STREET ADDRESS	137 DEEKWOOD DR	23 STREET ADDRESS	Deerwood
CITY ST ZIP	OLD HICKORY TN	24 CITY ST ZIP	37138
TITLE	DP	31 TITLE	☐ Change ☒ Addition
NAME	HEDGES, MICHAEL L	32 NAME	
STREET ADDRESS	101 LEE ETTA	33 STREET ADDRESS	
CITY ST ZIP	GLLATIN TN	34 CITY ST ZIP	32210
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	FLETCHER, BABETTE L	42 NAME	
STREET ADDRESS	5020 YACHT CLUB DR	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE	44 CITY ST ZIP	
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	MANNING, G. STEPHEN
STREET ADDRESS		53 STREET ADDRESS	12163 TWAIN OAKES LN
CITY ST ZIP		54 CITY ST ZIP	JACKSONVILLE, FL 32233
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 enclosed.

SIGNATURE: William R. Gibbes, President 4/24/95 904-296-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010010 CP