

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86930 (2)**
1. Corporation Name
AMERICAN ASH RECYCLING CORP. OF TENNESSEE



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

3. Date Incorporated or Qualified **10/07/1991** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3093121** Applied For
Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May B.
Added to Fees**
7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**FLETCHER, BABETTE L.
ONE INDEPENDENT DRIVE
STE 2000
JACKSONVILLE FL 32202**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBBES, WILLIAM R.	1.2 NAME	CARRAUX, GARY M
STREET ADDRESS	1428 INDIAN WOODS DRIVE	1.3 STREET ADDRESS	7032 CYPRESS BRIDGE CIRCLE
CITY-ST-ZIP	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	PONTE VEDRA FL 32082
TITLE	EVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMBRY, OREN E	2.2 NAME	
STREET ADDRESS	137 DEERWOOD DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD HICKORY TN 37138	2.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDGES, MICHAEL L	3.2 NAME	
STREET ADDRESS	101 LEE ET TA	3.3 STREET ADDRESS	
CITY-ST-ZIP	GLLATIN TN 32210	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, BABETTE L	4.2 NAME	
STREET ADDRESS	5020 YACHT CLUB DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, G. STEPHEN	5.2 NAME	
STREET ADDRESS	12163 TWAIN OAKES LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32233	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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:

Gianni S. Arcaini WILLIAM R. GIBBES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (904) 296-2800
Date Daytime Phone #

CR2E034 (12/95)