

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90207 016 ***150.00

DOCUMENT # S95402

1. Entity Name
MAIN RECYCLING COMPANY, INC.



Principal Place of Business
**1352 W BEAVER STREET
JACKSONVILLE, FL 32209 US**

Mailing Address
**P.O. BOX 2348
JACKSONVILLE, FL 32203**

54039085



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3093397

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**POPE, JAMES R
1352 W BEAVER STREET
JACKSONVILLE, FL 32209**

Name **Smith-Hulsey & Busey**
Street Address (P.O. Box Number is Not Acceptable)
225 Water Street, Suite 1800
City **Jacksonville, FL** Zip Code **32202**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE By: *Richard Lewis* **Richard Lewis, Vice-President**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **POPE, JAMES R**
CITY-ST-ZIP **1352 W BEAVER STREET
JACKSONVILLE, FL 32209**

TITLE ☐ Delete
NAME **VT**
STREET ADDRESS **DRAKE, BARBARA J**
CITY-ST-ZIP **1352 W BEAVER STREET
JACKSONVILLE, FL 32209**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James R Pope Pres. **James R Pope Pres.** **4/20/04**

804 374 3705