

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99629

1. Corporation Name
CONSOURCE PLASTIC RECYCLING CORP.

Principal Place of Business
5615 E. POWHATAN AVE.
TAMPA FL 33610

Mailing Address
5615 E. POWHATAN AVE.
TAMPA FL 33610

FILED
Jul 01, 1999 8:00 am
Secretary of State

07-01-1999 90004 033 ***558.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/11/1991

4. FEI Number
59-3149717

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 207 N. 12th Street

2a. Mailing Address
26 SAME

22 Suite, Apt. #, etc.
23 Tampa FL

27 Suite, Apt. #, etc.
28 City & State

24 33602 25 USA

29 Zip Country

10. Name and Address of New Registered Agent

HANCOCK, JEANA V
5615 E. POWHATAN AVENUE
TAMPA FL 33610

81 Name Jeana V. Hancock
82 Street Address (P.O. Box Number is Not Acceptable)
207 N. 12th St.
83
84 City Tampa FL 85 Zip Code 33602

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)

6-25-99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
THORNTON, ROBERT D
3307 ROGERS AVENUE
TAMPA FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CTD
PENDLETON, S A
2163 WATERSIDE DR
CLEARWATER FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANCOCK, JEANA V
2708 DURANT ROAD
VALRICO FL 33594 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D S T
Jeana V. Hancock
2708 Durant Rd.
Valrico FL 33594 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHRECKER, EDWARD
7250 ULMERTON RD., SUITE A
LARGO FL 34641 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HECKMAN, DAVID
7250 ULMERTON RD., SUITE A
LARGO FL 34641 ☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Director
Joseph C. Schiro MD
1880 Arlington Street #103
Sarasota, FL 34239 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
President
D. David Bailey
2504 W. Gardner Rd.
Tampa, FL 33611 ☐ Change ☒ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Jeana V. Hancock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-99 (813) 221-9455
Date Daytime Phone #

CR2E034 (1/98)