

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V22859** (5)

1. Corporation Name

DON'S RECYCLING, INC.



Principal Place of Business

Mailing Address

**5084 TROTT CR.
#3
NORTH PORT FL 34287**

**5084 TROTT CR.
#3
NORTH PORT FL 34287**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt., #, etc.

22

City & State

23

Zip

Country

24

25

26

Suite, Apt., #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**JOBBITT, DONALD J.
6384 SCORPIO AVE.
NORTH PORT FL 34287**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

03/20/1992

3a. Date of Last Report

04/26/1995

4. FEE Number

65-0323916

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01422 and 607.1500, 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 607.0500, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this statement

Signature of the Agent for the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

JOBBITT, DONALD J.

STREET ADDRESS

6384 SCORPIO AVE.

CITY-STATE-ZIP

NORTH PORT FL

TITLE

D

☐ DELETE

NAME

JOBBITT, DOUGLAS

STREET ADDRESS

6384 SCORPIO AVE.

CITY-STATE-ZIP

NORTH PORT FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 NAME

4.2 STREET ADDRESS

4.3 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form is substantially furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this form is a 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 registered trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in change, or on an additional statement as applicable.

SIGNATURE

Donald J. Jobbitt

DONALD J. JOBBITT

3/23/96

941 426 3579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Original Phone #

CR2E034 (12/95)