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Mar 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriam
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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 5054 TROTT CR

26 5054 TROTT CR

22 Suite, Apt. #, etc.
North Port FL

27 Suite, Apt. #, etc.
North Port FL

23 City & State
34287

28 City & State

24 Zip
Country SARASOTA

29 Zip 34287
Country SARASOTA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1992

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New 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

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 and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME JOBBITT, DONALD J.
STREET ADDRESS 6384 SCORPIO AVE.
CITY-ST-ZIP NORTH PORT FL

1.1 LE ☐ Change ☐ Addition
1.2 ME
1.3 SET ADDRESS
1.4 Y-ST-ZIP

TITLE D
NAME JOBBITT, DOUGLAS
STREET ADDRESS 6384 SCORPIO AVE.
CITY-ST-ZIP NORTH PORT FL

2.1 E ☐ Change ☐ Addition
2.2 ME
2.3 SET ADDRESS
2.4 Y-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 E ☐ Change ☐ Addition
3.2 ME
3.3 SET ADDRESS
3.4 Y-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 E ☐ Change ☐ Addition
4.2 ME
4.3 SET ADDRESS
4.4 Y-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 T ☐ Change ☐ Addition
5.2 ME
5.3 SET ADDRESS
5.4 Y-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 T ☐ Change ☐ Addition
6.2 ME
6.3 SET ADDRESS
6.4 Y-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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:

Douglas Jobbitt U-PRES 3/23/98

CR2E034 (10/97)