## 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

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90218 011 \*\*\*150.00

1. Corporation			٠.					
TAMPA BAY RECYCLING, INC.								
						ALL BURK BURK D	IN DINK IND	
Principal Place of Business Mailing Address								
2335 5TH AVE S ST PETERSBURG FL 33712 ST PETERSBURG FL 33					DO NOT WRITE IN THIS	SPACE		
,	•	•			3. Date Incorporated or Qualifed	01702		
					10/12/1992		l	
2. Principal P	. Principal Place of Business 2a. Mailing Address			, <del></del>	4, FEI Number		plied For	
21		26			59-3144083		t Applicable	
Suite, Apt.	ite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & Stat					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country Zip			y	8. This corporation owes the current year intangible			
24	25 29 30			Personal Property Tax.			□No	
· ·	9. Name and Address of Curren	nt Registered Agent	8	1 Name	10. Name and Address of New Registered	genv		
DEN	NE, PETER A		Ľ	L				
2335 5TH AVE S			82	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)			
ST P	PETERSBURG FL 33712		8:	3				
ļ			L			85 Zip C		
	•		84	4 City	FL	85 Zip C	J00 <del>0</del>	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was auth	harized b	v the compor	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoi	changing its ntment as re	registered gistered	
agent. i a SIGNATURE					nuired when reinstaling) DATE			_
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				ent signature req	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12	86
12.	PS DELETE		13.		ADDITIONS/OFFACES TO OFFICE AND	Change	☐ Addition	CR2E034 (11/98)
NAME	DENNE, HEIDI	, HEIDI 1.21						*
STREET ADDRESS			1.3 STREET ADDRESS					ä
CITY-ST-ZIP	ST. PETERSBURG FL 33712		1.4 C/TY-	ST-ZIP				82
TITLE	VPT	☐ DELETÉ	2.1 TITLE		•	Change	☐ Addition	ပ
NAME			2.2 NAME					
STREET ADDRESS			2.3 STRE	ET ADDRESS	•			
CITY-ST-ZIP	ST. PETERSBURG FL		2. 4 CITY-ST-ZIP			Change	Addition	ĺ
TITLE		☐ DELETE	3.1 TITLE		·	Citalige	C. Milanou	
NAME	Ì		3.2 NAME	- 1	•			
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			Change	Addition	
NAME	:		4. 2 NAMI					
STREET ADDRESS			4	ET ADDRESS			,	
CITY-ST-ZIP	·		4.4 CITY-	, i				
TITLE		☐ DELETE 5				Change	Addition	
NAME			5.2 NAME		•			
STREET ADDRESS	•			ET ADDRESS	·			
CITY-ST-ZIP		<del></del>	5.4 CITY-				- مانالد و ا	
TITLE.		☐ DELETE	6.1 TITLE	- 1	,	☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS		•		ET ADDRESS			!	i
CITY-ST-ZIP	l '		64 CITY-	SI-ZIP				,

14. Thereby 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 of 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 of trustee enpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on any attachment with an address, with all other like empowered.