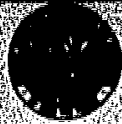


**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF CORPORATION  
Secretary of State  
DIVISION OF CORPORATIONS

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR -4 PH 6:20

DOCUMENT # **804541** (1)

1. Corporation Name  
**ELBERTA CRATE & BOX CO.**

Principal Place of Business Mailing Address  
**P.O. BOX 795 606 DOTHAN HWY BAINBRIDGE GA 31717**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/19/1936</b>	3a. Date of Last Report <b>03/22/1994</b>
21		26		4. FEI Number <b>58-0232440</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROWAN, BILL C. 3211 SPRINGDALE DRIVE TALLAHASSEE FL 32312</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, D.R.JR.</b>	1.2 NAME	
STREET ADDRESS	<b>606 DOTHAN HWY.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAINBRIDGE GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, W.P., JR.</b>	2.2 NAME	
STREET ADDRESS	<b>606 DOTHAN HWY.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAINBRIDGE GA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, JOHN M.</b>	3.2 NAME	
STREET ADDRESS	<b>606 DOTHAN HWY.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAINBRIDGE GA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, D.R.III</b>	4.2 NAME	
STREET ADDRESS	<b>606 DOTHAN HWY</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAINBRIDGE GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, CHARLES S.</b>	5.2 NAME	
STREET ADDRESS	<b>606 DOTHAN HWY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BAINBRIDGE GA</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, unchanged, or on an attachment with an address change.

SIGNATURE: **D.R. SIMMONS, JR. PRESIDENT**  
*D.R. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR