

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 804541 (1)
 1. Corporation Name
ELBERTA CRATE & BOX CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 795 606 DOTHAN HWY BAINBRIDGE GA 31717	Mailing Address P.O. BOX 795 606 DOTHAN HWY BAINBRIDGE GA 31717
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3. Date Incorporated or Qualified 03/19/1936	4. FEI Number 58-0232440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
ROWAN, BILL C.
3211 SPRINGDALE DRIVE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City
 B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: *D.R. Simmons, Jr.* D.R. Simmons, Jr. 3-5-98 912-246-2266

CR2E034 (10/97)