

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Moxham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:36

SEEK FOR THE
1.22.1995

DOCUMENT # **243424** (9)
1. Corporation Name
DUVAL CONTAINER COMPANY

Principal Place of Business
**91 SOUTH MYRTLE AVE
P.O. BOX 41006
JACKSONVILLE FL 32203**

Mailing Address
**91 SOUTH MYRTLE AVE
P.O. BOX 41006
JACKSONVILLE FL 32203**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/02/1961** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-0918216** 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**

6. This corporation has liability for intangible tax under § 199.13, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**TALPALAR, JOSE
91 S MYRTLE AVE
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81 Name **Richard L. Gills**

82 Street Address (P.O. Box Number is Not Acceptable) **91 S. Myrtle Avenue**

83

84 City **Jacksonville** FL 85 Zip Code **32204**

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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *Richard L. Gills* **Richard L. Gills** March 1, 1995

12. OFFICERS AND DIRECTORS

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1. TITLE **PD**

2. NAME **TALPALAR, JOSE**

3. STREET ADDRESS **91 S MYRTLE AVE**

4. CITY, ST, ZIP **JACKSONVILLE, FL 00000**

5. TITLE **VST**

6. NAME **GILLS, RICHARD L**

7. STREET ADDRESS **91 S MYRTLE AVE**

8. CITY, ST, ZIP **JACKSONVILLE, FL 00000**

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **President - Director** ☒ Change ☐ Addition

2. NAME **Richard L. Gills**

3. STREET ADDRESS **91 S. Myrtle Avenue**

4. CITY, ST, ZIP **Jacksonville, Florida 32204**

5. TITLE **Vice President** ☒ Change ☐ Addition

6. NAME **Richard K. Gills**

7. STREET ADDRESS **91 S. Myrtle Avenue**

8. CITY, ST, ZIP **Jacksonville, Florida 32204**

9. TITLE **Secretary-Treasure** ☐ Change ☒ Addition

10. NAME **Elaine R. Gills**

11. STREET ADDRESS **91 S. Myrtle Avenue**

12. CITY, ST, ZIP **Jacksonville, Florida 32204**

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY, ST, ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. 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 139.02(4)(b), Florida Statutes. I further certify that the information supplied 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, the receiver or trustee empowered to provide this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 on this filing as the name of the person who is the agent.

SIGNATURE: *Richard L. Gills* **Richard L. Gills** President

4/26/95

904-355-6591