

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 822000 (6)**  
 1. Corporation Name  
**SMITH CONTAINER CORPORATION**



Principal Place of Business <b>3500 BROWNS MILL ROAD S.E.                  BOX 82566                  ATLANTA GA 30354</b>	Mailing Address <b>3500 BROWNS MILL ROAD S.E.                  BOX 82566                  ATLANTA GA 30354-0566</b>
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3. Date Incorporated or Qualified <b>10/24/1968</b>	3a. Date of Last Report <b>05/14/1996</b>
4. FEI Number <b>58-0684254</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>260 Southfield Pkwy</b> Suite, Apt. #, etc. 22 City & State 23 <b>Forest Park, GA</b> Zip 24 <b>30050</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>P.O. Box 1827</b> Suite, Apt. #, etc. 27 City & State 28 <b>Forest Park, GA</b> Zip 29 <b>30051</b> Country 30
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9. Name and Address of Current Registered Agent  
**LONG, MICHAEL J.  
 5810 BRECKENRIDGE PKWY  
 SUITE D  
 TAMPA FL 33687**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEINMARK, STUART, R</b>
STREET ADDRESS	<b>112 BOWLINE CIRCLE</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOORE, WILLIAM L.</b>
STREET ADDRESS	<b>7856 WOODLAKE DR.</b>
CITY - ST - ZIP	<b>RIVERDALE GA</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, ANNE B</b>
STREET ADDRESS	<b>1232 PASADENA AVE NE</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, MYRON L</b>
STREET ADDRESS	<b>1225 OLD WOODBINE RD NE</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>PT</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, HARRIS A</b>
STREET ADDRESS	<b>99 DUNWOODY SPRGS DR</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>STEINMARK, PHYLLIS S.</b>
STREET ADDRESS	<b>112 BOWLINE CIRCLE</b>
CITY - ST - ZIP	<b>ATLANTA GA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE: Mary Hall (Mary Hall, Mgr. Gen. Acctg) 1-7-97 404-763-1001  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)