


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

FILED  
Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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>200 SOUTHFIELD PKWY -BOX-02500 FOREST PARK GA 30050 30297-2520 US</b>	Mailing Address <b>PO BOX 1827 BOX-02500 FOREST PARK GA 30054 30298-1827 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1968</b>	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>58-0684254</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		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	

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMARK, STUART, R</b>	1.2 NAME	
STREET ADDRESS	<b>112 BOWLINE CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, WILLIAM L.</b>	2.2 NAME	
STREET ADDRESS	<b>7956 WOODLAKE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERDALE GA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ANNE B</b>	3.2 NAME	
STREET ADDRESS	<b>1232 PASADENA AVE NE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MYRON L</b>	4.2 NAME	
STREET ADDRESS	<b>1225 OLD WOODBINE RD NE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>PT</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HARRIS A</b>	5.2 NAME	
STREET ADDRESS	<b>99 DUNWOODY SPRGS DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEINMARK, PHYLLIS S.</b>	6.2 NAME	
STREET ADDRESS	<b>112 BOWLINE CIRCLE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA</b>	6.4 CITY - ST - ZIP	

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 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: *Man Hall* *Man Gen. Accts* 1-6-98 404-675-3770

CR2E034 (10/97)