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Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000048861 (4)  
1. Corporation Name  
CONTAINER MAINTENANCE & REPAIR SERVICE, INC.



Principal Place of Business Mailing Address  
1887 SOUTH 14TH STREET STE 105 1887 SOUTH 14TH STREET STE 105  
FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034-3033

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/03/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3410469		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		<input type="checkbox"/>		5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAYDEN, REGINALD M JR. 5915 PONCE DE LEON BLVD. STE 63 MIAMI FL 33146				81 Name Spotswood B. Watkins, President			
				82 Street Address (P.O. Box Number is Not Acceptable) 1887 South 14th Street			
				83 Suite 105			
				84 City Fernandina Beach FL 85 Zip Code 32034			

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 *Spotswood B. Watkins* *Spotswood B. Watkins* April 23, 1997  
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	D <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUTERBRIGE, HERBERT	1.2 NAME	Spotswood B. Watkins
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	1.3 STREET ADDRESS	1887 So 14th St, Ste 105
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	1.4 CITY-ST-ZIP	Fernandina Beach, Fl 32034
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINN, DONALD T	2.2 NAME	William G. Bulford
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	2.3 STREET ADDRESS	1887 So. 14th St., Ste 105
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	2.4 CITY-ST-ZIP	Fernandina Beach, Fl. 32034
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIBLE, DAVID	3.2 NAME	David F. Host
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	3.3 STREET ADDRESS	C/O 1887 So. 14th St. Ste 105
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	3.4 CITY-ST-ZIP	Fernandina Beach, Fl 32034
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	V President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	James S. Provo
STREET ADDRESS		4.3 STREET ADDRESS	c/o 1887 So 14th St, Ste 105
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Fernandina Beach, Fl 32034
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Daniel J. Quinn
STREET ADDRESS		5.3 STREET ADDRESS	C/O 1887 So. 14th St., Ste 105
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Fernandina Beach, Fl. 32034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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: *Spotswood B. Watkins* *Spotswood B. Watkins* 4/22/97 (904) 321-1803  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/96)