

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

FILED
Feb 17, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048861

1. Corporation Name
CONTAINER MAINTENANCE & REPAIR SERVICE, INC.

02-17-1999 90084 001 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1887 SOUTH 14TH STREET STE 105
FERNANDINA BEACH FL 32034

Mailing Address
1887 SOUTH 14TH STREET STE 105
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified
06/03/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29

4. FEI Number
59-3410469
Applied For
Not Applicable

25
Country
30

5. Certificate of Status Desired \$8.75 Additional Fee Required

25
Country
30

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

25
Country
30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SPOTSWOOD B WATKINS
1887 S 14TH ST
SUITE 105
FERNANDINA BEACH FL 32034

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
FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	OUTERBRIGE, HERBERT	
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	QUINN, DONALD T	
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIBLE, DAVID	
STREET ADDRESS	C/O 1887 SO 14TH STREET STE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOST, DAVID F.	
STREET ADDRESS	C/O 1887 SO 14TH ST., SUITE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PROVO, JAMES S	
STREET ADDRESS	C/O 1887 S 14TH ST., SUITE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	QUINN, DANIEL J.	
STREET ADDRESS	C/O 1887 S 14TH ST., SUITE 105	
CITY-ST-ZIP	FERNANDINA BEACH FL	

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 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, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 904-321-1803
Date Daytime Phone #

CR2E034 (11/98)