

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 433479

Entity Name: DESIGN CONTAINERS, INC.**Current Principal Place of Business:**2913 WESTSIDE BLVD.
JACKSONVILLE, FL 32209**Current Mailing Address:**2913 WESTSIDE BLVD.
JACKSONVILLE, FL 32209**FEI Number:** 59-1483955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAMUEL VICKERS
2913 WESTSIDE BLVD.
JACKSONVILLE, FL 32209 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name VICKERS, EDGAR B
Address 2913 WESTSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32209

Title D
Name TALBOT, THOMAS W
Address 927 FIELDSTONE DR.
City-State-Zip: MACON GA 31210

Title CEO
Name VICKERS, SAMUEL H
Address 2913 WESTSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32209

Title PRESIDENT
Name KELLEY, GERALD PJR
Address 2913 WESTSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32209

Title CFO
Name HOTT, MICHAEL W
Address 2913 WESTSIDE BLVD.
City-State-Zip: JACKSONVILLE FL 32209

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL H VICKERS**CEO****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date