Mar 04, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 236704

1. Corporation Name

A R C BAG & CRATE CO OF BELLE GLADE INC.

NOOD	Ad a charte co or b									
Principal Place	e of Business	Mailing A	ddress						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PO BOX 467		PO BOX 4	467							
1040 NW 12TH STREET			1040 NW 12TH STREET				DO NOT WE	NTC IN THIC	CDACE	
BELLE GLADE FL 33430		BELLE GL	BELLE GLADE FL 33430				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifer 05/20/1960			
2. Principal P	lace of Business	2a. Mailin	ng Address				4, FEI Number			plied For
21		26					59-0904245			Applicable
Suite, Apt.	#, etc.	Suite,	, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
22		27								
City & Stat	e	—	& State				6. Election Campaign Financing	, D	\$5.00	
23		28					Trust Fund Contribution		Added to	o rees
Zip	Country	Zip	г	Count	ту		8. This corporation owes the cu	irrent year in		□No
24	25	29		30			Personal Property Tax. 10. Name and Address of New	Pagistared		
	9. Name and Address of C	urrent Registered	Agent		31	Name	10. Name and Address of New	Kegistelen	Agent	
VENI	eri, al delli jr.			`	"	Hallic				
	NW 12TH STREET			1	82	Street Addre	ess (P.O. Box Number is Not Accep	otable)		
	LE GLADE FL 33430			l.	33					
DELI	IL GENDE I C 30100			l°	23		•	•	•	
				8	84	City		FL	85 Zip C	Code
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8. Florida Statute	s, the abo	ove-	-named corpo	oration submits this statement for th	ie pui pose oi		
office or r	m familiar with, and accept the o	State of Florida. Suc obligations of, Section	ch change was au on 607.0505, Flori	ithorized t ida Statut	es.	he corporation	on's board of directors. I nereby acc	ept the appo	intment as reg	gistered
office or r agent. I a SIGNATURE	egistered agent, or both, in the sm familiar with, and accept the of Signature, typed or printed name of register	State of Florida. Suc obligations of, Section and agent and title if applicat	ch change was au on 607,0505, Flor ble (NOTE:	ithorized tida Statut	es.	he corporation	on's board of directors. I nereby acc	DATE	inunent as reç	Jistered
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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, of on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR