

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 327894 (2)
1. Corporation Name
UNIVERSAL CONTAINER CORPORATION

Principal Place of Business 11805 STATE RD 54 BOX 547 ODESSA FL 33556-7547	Mailing Address 11805 STATE RD 54 BOX 547 ODESSA FL 33556-7547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1968	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1210942	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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 BISSELL, KENT 540 MAYO STREET POST OFFICE BOX 849 CRYSTAL BEACH FL 34881				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	
NAME	BISSELL, KENT	12 NAME	
STREET ADDRESS	POST OFFICE BOX 849	13 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL BEACH FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	SALLS, WENDALL	22 NAME	
STREET ADDRESS	5861 S.W. 103RD ST. RD.	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	KIGGINS, ANTHONY	32 NAME	
STREET ADDRESS	384 LENTZ ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	BELLAIRE BLUFFS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	
NAME	THURY, PAT	42 NAME	
STREET ADDRESS	211 SO. MANHATTAN	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address.

SIGNATURE *Kent Bissel* Kent Bissel

4/8/98 (813) 376-0036

CR2E034 (10/97)