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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 02, 1996 08:00 AM
Secretary of State

DOCUMENT # 406386

1. Corporation Name

JACKSONVILLE WAREHOUSE COMPANY
DBA: SOUTHERN PACKAGING AND DISTRIBUTION
CENTER

Principal Place of Business

Mailing Address

5330 W 5th Street
P.O. Box 6623
Jacksonville, FL
32236

5330 W 5th Street
P.O. Box 6623
Jacksonville, FL
32236

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shepherd, Foster H.
4928 Ortega Forest Dr
Jacksonville, FL 32210

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME Shepherd, Foster H
STREET ADDRESS 4928 Ortega Forest Dr
CITY-ST-ZIP Jacksonville, FL 32210

TITLE ST ☐ DELETE

NAME Miller, Charles
STREET ADDRESS 216 Hermitage Way
CITY-ST-ZIP St. Simons Island, GA 31522

TITLE D ☐ DELETE

NAME Zell, Carley
STREET ADDRESS 427 W Wesley Ave
CITY-ST-ZIP Sea, Island, Ga 31561

TITLE V ☐ DELETE

NAME Hightower, Will
STREET ADDRESS 5440 W 5th St
CITY-ST-ZIP Jacksonville, FL 32254

TITLE D ☐ DELETE

NAME Dawson, Carl D
STREET ADDRESS 320 E Adams St
CITY-ST-ZIP Jacksonville, FL 32202

TITLE Exec VP D ☐ DELETE

NAME Taylor, Norris E
STREET ADDRESS 1404 Rivergate Dr
CITY-ST-ZIP Jacksonville, FL 32223

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☐ Addition

1.2 NAME Shepherd, John F
1.3 STREET ADDRESS 4207 Confederate Point Rd #42
1.4 CITY-ST-ZIP Jacksonville, FL 32210

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Foster H Shepherd

7-15-96

786-7661

CR2E034 (12/95)