

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -7 PM 3:55

DOCUMENT # **443256** (3)
1. Corporation Name
CUSTOM BOX SALES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **3390 PHILLIPS HWY. JACKSONVILLE FL 32207**
Mailing Address: **3390 PHILLIPS HWY. JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21	2a. Mailing Address: 26	3. Date Incorporated or Qualified: 12/27/1973	3b. Date of Last Report: 05/01/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1516026	Applied For: Not Applicable
City & State: 23	City & State: 28	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip: 24	Country: 25	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BASFORD, JR., WILLIAM T.
1671 BLANDING BLVD.
MIDDLEBURG FL 32068**

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, Title or position of registered agent and the corporation

SOLE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CALHOUN, H.L.
STREET ADDRESS	445 PABLO POINT DR., JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	SD
NAME	CALHOUN, BETTY J.
STREET ADDRESS	13714 CRASHAW RD. JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	TD
NAME	CALHOUN, VIRGINIA
STREET ADDRESS	445 PABLO POINT DR. JACKSONVILLE FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Gayle M. Shipes
13 STREET ADDRESS	5393 Julington Creek Road
14 CITY-ST-ZIP	Jacksonville, FL 32258
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), Florida Statutes. I hereby 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 each officer appears in block 12 or block 13 if changed, or on an amendment with an address.

SIGNATURE: *Harvey L. Calhoun*
Signature and Title or Position of Registered Agent or Director
Harvey L. Calhoun, President

3-3-95

904-396-1868