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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

443256

(3)

DOCUMENT # 443

1. Corporation Name
CLISTOM BOX SALES, INC.

CUSTOW BOX SALES, INC.							
Principal Place of Business	Mailing Address						
3390 PHILLIPS HWY. JACKSONVILLE FL 32207	3390 PHILLIPS HWY. JACKSONVILLE FL 33	2207					
JACKSUNVILLE PL 52207	\$10.00000 P = 10			3. Date Incorporated or Qualified 12/27/1973	3a. Date 6	of Last Re 3/07/19	
2. Principal Place of Business	2a. Mailing Address			4. FET Number			Applied For
	26			59-1516026		4	Not Applicable  Additional
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee F	Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution		<b>+</b>	May Be to Fees
Zγρ Country	Zip	Cour	ntry	8. This corporation has liability for		k under s	199.032.
25	29	30			[]No		
9. Name and Address of Curre	nt Registered Agent		AT 1	10. Name and Address of New F	registereo A	gent	·
		i	B1 Name				
BASFORD, JR., WILLIAM T.			82 Street Add	ress (P.O. Box Number is Not Acceptat	ble)		
1671 BLANDING BLVD.		ŀ	83				
MIDDLEBURG FL 32068		Į				05 7.	o Code
11. Pursuant to the provisions of Sections 607.050			84 City		FL		
familiar with, and accept the obligations of, Sec	(ioi) 00) iococj / io						
Signature, typed or printed name of registered agen			Agen) Septimentation	ADDITIONS/CHANGES TO OFF	DATE HICERS AND	DIREG10	RS IN 12
Signature, typed or printed name of registered eyer  OFFICERS AN	nt and the *amplication (%) ND DIRECTORS	Die Registered		cteler nesister) ADDITIONS/OF IANGES TO OF	HOFRS AND	DIREGIO Change	DRS IN 12
Signature, typed or printed name of register and eight  2. OFFICERS AN  OFFICERS AN	ND DIRECTORS	Die Registered	TLE	ADDITIONS OF IANGES TO OF	HOFRS AND		
Signature, byted or printed name of registr and eigen  2. OFFICERS AN  TILE PD  CALHOUN, H.L.  445 PABLO POINT DR,	ND DIRECTORS	13. 1 1 1 1 1 2 N/	TLE	ADDITIONS OF LANGES TO OF	HOFRS AND		
Signature, byted or printed name of register and eigen  2. OFFICERS AN  TILE  PD  CALHOUN, H.L.  445 PABLO POINT DR,  STRY-ST-ZIP  JACKSONVILLE FL	ND DIRECTORS	13. 1 1 To 12 N/ 1.3 ST 1.4 CI	TILE AME THEET ADDRESS TY-ST-ZIP	ctwernesister) ÄDDIHONS/CHANGES TO OF	HOFRS AND	] Change	Addition
Signature, byted or printed name of registered eigent.  2. OFFICERS AN OFFICERS AND	ND DIRECTORS	13. 1 1 1 7 1 2 No 1.3 SI 1.4 CI 2 1 7	THE  AME  HEET ADDRESS  ITY-ST-ZIP  HILE	ctelennesister) ADDITIONS/OFIANGES TO OFI	HOFRS AND		
Signature, byted or printed name of register and eyer  12. OFFICERS AN  INTE  PD  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  INTE  SD  CALHOUN, BETTY J.	ND DIRECTORS	13. 1 1 1 1 1 1 2 N/ 1 2 1 1 1 4 Cl 2 1 1 2 2 N/	TILE  AME  THEET ADDRESS  TY - ST - ZIP  TILE  AME	edwernesister) ADDITIONS/CHANGES TO OF	HOFRS AND	] Change	Addition
Signature, byed or printed name of registr and eight  2. OFFICERS AN  TILE  AME  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  TILE  SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  LACKSONVILLE FL	ND DIRECTORS	13. 1 1 Fr 1 2 NA 1 3 ST 1 4 CT 2 1 Fr 2 2 NA 2 3 ST	TITE  AME  THEET ADDRESS  TTY-ST-ZVP  THEET  AME  THEET ADDRESS	edwicenesialop ADDITIONS*CHANGES TO OF	HOFRS AND	] Change	Addition
Signature, byted or printed name of register and eigent  2. OFFICERS AN  ITLE PD CALHOUN, H.L. 445 PABLO POINT DR, JACKSONVILLE FL  ITLE SD CALHOUN, BETTY J.  13714 CRASHAW RD. JACKSONVILLE FL  13714 CRASHAW RD. JACKSONVILLE FL	ND DIRECTORS	13. 1 1 Fr 1 2 NA 1 3 ST 1 4 CT 2 1 Fr 2 2 NA 2 3 ST	HILE  AME  HEFT ADDRESS  HITY-ST-ZIP  HILE  AME  HREET ADDRESS  FY-ST-ZIP	ADDITIONS OF IMAGES TO OF	LIGERS AND	] Change	Addition
Signature, byted or printed name of register and eigen  2. OFFICERS AN  PD CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  TITLE SD CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TO	ND DIRECTORS  DELETE	13. 1 1 To 1 2 No 1 3 ST 1 4 CT 2 1 To 2 2 No 2 3 ST 2 4 CT	TILE  AME  THEF! ADDRESS  ITY-ST-ZIP  TILE  AME  TREE! ADDRESS  ITY-ST-ZIP  TILE	ADDITIONS OF LANGES TO OF	LIGERS AND	Change	Addition  Addition
Signature, byted or printed name of register and eigent  2. OFFICERS AN  TILE  AMME  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  TILE  SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TILE  TO  CALHOUN, VIRGINIA  AMME  CALHOUN, VIRGINIA	ND DIRECTORS  DELETE	Die Registered  13. 1 1 1 1 1 2 No. 1 3 SI 1.4 CI 2 1 1 2 2 N/ 2 3 SI 2 4 CI 3 1 II 3 2 N/	TILE  AME  THEF! ADDRESS  ITY-ST-ZIP  TILE  AME  TREE! ADDRESS  ITY-ST-ZIP  TILE	ADDITIONS OF LANGES TO OF	LIGERS AND	Change	Addition  Addition
Signature, byted or printed name of register and eigent  2. OFFICERS AN  PD CALHOUN, H.L. 445 PABLO POINT DR, JACKSONVILLE FL  ITLE SD CALHOUN, BETTY J. 13714 CRASHAW RD. JACKSONVILLE FL  TITLE TD CALHOUN, VIRGINIA 445 PABLO POINT DR. JACKSONVILLE FL  TO CALHOUN, VIRGINIA ANAME ANA	ND DIRECTORS  DELETE  DELETE	Die Registered  13. 1 1 1 1 1 1 2 Ne 1.3 ST 1.4 CI 2 1 1 2 2 N 2 3 ST 2 4 CI 3 1 T 3 2 N 3 3 S 3.4 C	TILE  AME  THEFT ADDRESS  ITY-ST-ZIP  THEE  AME  TREET ADDRESS  ITY-ST-ZIP  THEE  AME  THEE  THE	e twee nestatop ADDITIONS OF IANGES TO OF	C	Change Change Change	Addition  Addition
Signature, byted or printed name, of registered eigent  12. OFFICERS AN  INTE PD CALHOUN, H.L. 445 PABLO POINT DR, JACKSONVILLE FL  SD NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL  TO TITLE NAME CALHOUN, BETTY J. 13714 CRASHAW RD. JACKSONVILLE FL  TD CALHOUN, VIRGINIA 445 PABLO POINT DR. JACKSONVILLE FL  TO CALHOUN, VIRGINIA 445 PABLO POINT DR. JACKSONVILLE FL  TITLE VP	ND DIRECTORS  DELETE	13. 1 1 ii 12 N/ 1.3 S1 1.4 C1 2 1 ii 22 N/ 23 S1 24 C1 3 1 ii 32 N/ 33 S 3.4 C	AME  THEF ADDRESS  ITY-ST-ZIP  ITHEE AME  THEE ADDRESS  ITY-ST-ZIP  ITHEE  THEE AME	ADDITIONS OF IANGES TO OF	C	Change	Addition  Addition
Signature, byted of printed name, of registered eigent  12. OFFICERS AN  INTE  PD  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  VP  SHIPES, GAYLE M.	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME  INTET ADDRESS  ITY ST-ZIP  ITHEE  AME  ITY ST-ZIP  ITHEE  AME  STREET ADDRESS  ITY ST-ZIP  ITHEE  ITHE	ADDITIONS OF IANGES TO OF	C	Change Change Change	Addition  Addition
Squature, byted or printed name of register and eyer  IZ. OFFICERS AN  INTE  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  INTE  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TO  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TITLE  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME  INTET ADDRESS  ITY-ST-ZIP  IILE  AME  ITY-ST-ZIP  ITTE	ADDITIONS OF IMAGES TO OF	C	Change Change Change	Addition  Addition
Signature, byted or printed name of register and eigent  AMME  CALHOUN, H.L.  445 PABLO POINT DR.  JACKSONVILLE FL  SITILE  SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TO  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK  JACKSONVILLE FL	DELETE  DELETE  DELETE  DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME  THEF ADDRESS  ITY ST-ZIP  THEE  AME  THEE ADDRESS  TEY ST-ZIP  THEE  AME  STREET ADDRESS  ITY ST-ZIP  THEE  THEE AME  THEE ADDRESS	ADDITIONS OF IMAGES TO OF	C C	Change Change Change	Addition  Addition
Signature, byted or printed name of register and eigent  AMME  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  STREET ADDRESS  DITY-ST-ZIP  JACKSONVILLE FL  TO  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TO  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TO  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TITLE  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK  JACKSONVILLE FL	DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME  INTET ADDRESS  ITY-ST-ZIP  IILE  AME  IREE1 ADDRESS  ITY-ST-ZIP  IILE  AME  STREET ADDRESS  ITY-ST-ZIP  IILE  ITHE	ADDITIONS OF IMAGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition
Signature, byted or printed name of registrand eigent  2. OFFICERS AN  ITLE  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  ITLE  STREET ADDRESS  STREET ADDRESS  DITY-ST-ZIP  JACKSONVILLE FL  TD  CALHOUN, MRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TO  CALHOUN, WRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME	DELETE  DELETE  DELETE  DELETE	13. 1 1 7 12 N/ 1.3 S1 1.4 C1 2 1 7 2 2 N/ 2 3 S1 2 4 C1 3 1 1 7 3 2 N/ 3 3 S 3.4 C 4 1 T 4 2 N 4.3 S 4.4 C 5 1 7 5 2 N	AME  INTET ADDRESS  ITY-ST-ZIP  IILE  AME  IREE1 ADDRESS  ITY-ST-ZIP  IILE  AME  STREET ADDRESS  ITY-ST-ZIP  IILE  ITHE	ADDITIONS OF LANGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition
Signature, byted or printed name of register and eigent  IZ. OFFICERS AN  ITIE PD  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  ITILE SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  ITILE TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TO  CALHOUN, WIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS	DELETE  DELETE  DELETE  DELETE	DIE Registered  13. 1 1 7 12 N/ 1.3 SI 2 1 7 2 2 N/ 2 3 SI 2 4 CI 3 1 7 3 2 N/ 3 3 S 3 4 C 4 1 7 4 2 N 4 3 S 4 4 C 5 1 7 5 2 N 5 3 S	ITLE  AME  INET ADDRESS  ITY-ST-ZIP  ITLE  AME  ITREET ADDRESS  ITY-ST-ZIP  ITLE  AME  ITLE  AME  ITLE  ITLE  AME  ITLE	ADDITIONS OF IMAGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition  Addition
Squature, byted or printed name of register and eyer  IZ. OFFICERS AN  INTE  VAME  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  INTE  NAME  STREET ADDRESS  CITY-ST-ZIP  TO  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TO  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TITLE  VP  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	DELETE  DELETE  DELETE  DELETE	DIE Registered  13. 1 1 7 12 N/ 1.3 SI 2 1 7 2 2 N/ 2 3 SI 2 4 CI 3 1 7 3 2 N/ 3 3 S 3 4 C 4 1 7 4 2 N 4 3 S 4 4 C 5 1 7 5 2 N 5 3 S	ITLE  AME  INCET ADDRESS  ITY-ST-ZIP  ITLE  AME  IREE1 ADDRESS  ITY-ST-ZIP  ITLE  AME  ITHEET ADDRESS  ITY-ST-ZIP	ADDITIONS OF IMAGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition
Signature, byted or printed name, of register ad eyer  12. OFFICERS AN  TITLE PD  CALHOUN, H.L.  445 PABLO POINT DR,  JACKSONVILLE FL  SD  CALHOUN, BETTY J.  13714 CRASHAW RD.  JACKSONVILLE FL  TITLE  TD  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TD  CALHOUN, VIRGINIA  445 PABLO POINT DR.  JACKSONVILLE FL  TITLE  TD  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK  JACKSONVILLE FL  VP  SHIPES, GAYLE M.  5393 JULINGTON CREEK  JACKSONVILLE FL	DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME  AME  INET ADDRESS  ITY-ST-ZIP  ITTE  AME  ITTE  AME  ITTE  ITTE  AME  ITTE  ITT	ADDITIONS OF IMAGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition  Addition
TO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TO CALHOUN, VIRGINIA 445 PABLO POINT DR. JACKSONVILLE FL TITLE TO CALHOUN, URGINIA 445 PABLO POINT DR. JACKSONVILLE FL TO CALHOUN, VIRGINIA 445 PABLO POINT DR. JACKSONVILLE FL TITLE VP SHIPES, GAYLE M. 5393 JULINGTON CREEK JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE  DELETE  DELETE  DELETE  DELETE	13. 117 12 N/ 13 SI 14 CI 2 17 22 N/ 23 SI 24 CI 3 11 32 N/ 33 S 34 C 4 17 4 2 N 4 3 S 5 4 C 5 1 3 5 2 N 5 3 S	THE AME  INET ADDRESS ITY-ST-ZIP  ITHE  AME  IREE1 ADDRESS ITY-ST-ZIP  ITHE  AME  ITHELE ADDRESS ITY-ST-ZIP  ITHELE IAME  ITHELE ADDRESS ITY-ST-ZIP  ITHELE IAME  ITHELE I	ADDITIONS OF IMAGES TO OF	C C	Change Change Change Change	Addition  Addition  Addition  Addition

SIGNATURE:

SNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-96

904-3961868