FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 508302 (7)

1. Corporation Name
CSI CONTAINER SYSTEMS, INC.

Principal Place of Business	Mailing Address
6124 SW 35TH WAY GAINESVILLE FL 32608	PO BOX 140278 GAINESVILLE FL 32614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/03/1976
3a. Date of Last Report: 10/11/1994

2. Principal Place of Business
21: 4232 N.E. 17th Terrace
22: Suite, Apt. #, etc.
23: City & State: Gainesville, FL
24: Zip: 32609
25: Country

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 59-1684777 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COBLE, J. KERMIT
1025 VOLUSIA AVENUE
DAYTONA BEACH FL

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 607.1608, 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: Coble, J. Kermit — DATE: 4/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BUTTS, RALPH E. JR.	1.2 NAME	BUTTS, RALPH E JR.	
STREET ADDRESS	6124 SW 35TH WAY	1.3 STREET ADDRESS	4232 N.E. 17th Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	ST	2.1 TITLE	ST	☒ Change ☐ Addition
NAME	BUTTS, KATHRYN P.	2.2 NAME	BUTTS, KATHRYN P.	
STREET ADDRESS	6124 SW 35TH WAY	2.3 STREET ADDRESS	4232 N.E. 17th Terrace	
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 on an attachment with an address.

SIGNATURE: Kathryn P. Butts — 4/25/95 — 904/378-4767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kathryn A Butts

0418178 FP