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Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 508302

(7)

1. Corporation Name

CSI CONTAINER SYSTEMS, INC.

Principal Place of Business

4528 N.W. 20TH TERRACE
GAINESVILLE FL 32605
US

Mailing Address

PO BOX 140278
GAINESVILLE FL 32614-0278



2. Principal Place of Business

21 4528 N.W. 20TH TERRACE
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 140278
Suite, Apt. #, etc.

City & State

23 GAINESVILLE, FL
Zip

Country

24 32605

25

USA

City & State

28 GAINESVILLE, FL
Zip

Country

29 32614

30

USA

9. Name and Address of Current Registered Agent

COBLE, J. KERMIT
1025 VOLUSIA AVENUE
DAYTONA BEACH FL

3. Date Incorporated or Qualified

08/03/1976

3a. Date of Last Report

06/07/1996

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 s. 199.032,
Florida Statutes



Yes

No

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

KATHRYN P. BUTTS

KATHRYN P. BUTTS

2/3/97

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME BUTTS, RALPH E. JR.
STREET ADDRESS 4528 N.W. 20TH TERRACE
CITY - ST - ZIP GAINESVILLE FL

TITLE ST ☐ DELETE

NAME BUTTS, KATHRYN P.
STREET ADDRESS 4528 N.W. 20TH TERRACE
CITY - ST - ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME BUTTS, RALPH E. JR.
1.3 STREET ADDRESS 4528 N.W. 20TH TERRACE
1.4 CITY - ST - ZIP GAINESVILLE, FL 32605

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME BUTTS, KATHRYN P.
2.3 STREET ADDRESS 4528 N.W. 20TH TERRACE
2.4 CITY - ST - ZIP GAINESVILLE, FL 32605

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 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

2/3/97

352/378-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)