SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17. 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED PROFIT Jul 25 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 511434 (3)CITRUS CONTAINERS, INC. Principal Place of Business Mailing Address 1407 BELMONT DRIVE 1407 BELMONT DRIVE ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>09/01/1976</u> 04/26/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-1685139 Not Applicable Suite, Apt. #. etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. ☐ No g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CONNELLY, ALBERT P. 1407 BELMONT DRIVE Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32806 83 64 City Zip Code 85 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 registured agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE Change Addition CONNELLY, ABLERT P III NAME 1.2 NAME 4875 13TH LANE STREET ADDRESS 1.3 STREET ADDRESS VERO BCH FL CITY-ST-ZIP 14 CITY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition CONNELLY, ALBERT P NAME 22 NAME 1407 BELMONT DRIVE STREET ADDRESS 23 STREET ADDRESS ORLANDO, FL 00000 CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

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 enrural report is true and accurate and that my signature shall have the same legal effect as if made under 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 in a popular in Block 12 or first 13 (Lyhanges, or on any attachment, with an address.

4.4 DITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

☐ Change

Change

Addition

Addition