FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

						⊣.		
DOCUN 1. Corporation	MENT # 594413							
B & C CONTAINERS, INC.								
Principal Place	of Rusiness	Mailing Address				- t 1001/81 855/47 (0410)		\$
4800 STETSON JACKSONVILLE		JACKSONVILLE FL 32207				DO NOT WORK IN THE	0.00405	
						DO NOT WRITE IN TH	IS SPACE	
						3. Date Incorporated or Qualifed 11/28/1978		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	<u></u>	plied For
21		26				59-1865835		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			* <u>=</u> *	5. Certifcate of Status Desired \$8.75 Additional Fee Required		
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Cour	ntry		8. This corporation owes the current year I		
24	25 29 30					Personal Property Tax.		□No
	9. Name and Address of Current	t Registered Agent		81	Name	10. Name and Address of New Registere	a Agent	
KEETER, CEBRON LEE				<u> </u>				
8040 BRIDGES ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL FL 32216			ł	83				
				84	City	F	85 Zip C	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was aut	thorized	DV t	ne corporatio	oration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing its ointment as reg	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: F	Registered .	Agent	signature required	when reinstating) DATE		— j
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	P DELETE 1.1		1.1 TIT	Œ			Change	☐ Addition
NAME	KEETER, CEBRON LEE	CEBRON LEE 12		ME	ŀ			
STREET ADDRESS	8040 BRIDGES ROAD	IO BRIDGES ROAD 13		REET/	ADDRESS			1
CITY-ST-ZIP			1.4 CIT		-ZIP			
TITLE	ST	T □ DELETE 2.11		LE			Change	☐ Addition
NAME	ACCICITY DECITION		2.2 NA	ME				
STREET ADDRESS	or to british be a control of the co				ADDRESS			
CITY-ST-ZIP			2.4 CI		r-ZIP		Change	Addition
TITLE			3.1 117				onange	
NAME				3.2 NAME 3.3 STREET ADDRESS				}
STREET ADDRESS				3.4. CITY-ST-ZIP				
CITY-ST-ZIP TTLE		☐ DELETE	4.1 TITLE		1-211		Change	Addition
NAME			4. 2 NAME					ļ
STREET ADDRESS			1		ADDRESS			1
CITY-ST-ZIP			1	4.4 CITY-ST-ZIP		<u></u>		
TITLE			_	5.1 TITLE			Change	☐ Addition
NAME			5.2 NA	ME				ļ
STREET ADDRESS			5.3 ST	REET.	ADDRESS			}
CITY-ST-ZIP			5.4 CIT		-ZIP			
TITLE		☐ DELETE	6.1 TIT		}		Change	Addition
NAME			6.2 NA	ME				

CITY-ST-ZIP 14. I 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 authority with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90023 029 ***150.00