

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

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 804541 (1)**  
 1. Corporation Name  
**ELBERTA CRATE & BOX CO.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 795 606 DOTHAN HWY BAINBRIDGE GA 31717		Mailing Address P.O. BOX 795 606 DOTHAN HWY BAINBRIDGE GA 31717	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/19/1936</b>	4. FEI Number <b>58-0232440</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	Applied For Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent  
**ROWAN, BILL C.**  
**3211 SPRINGDALE DRIVE**  
**TALLAHASSEE FL 32312**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMMONS, D.R.JR.	
STREET ADDRESS	606 DOTHAN HWY.	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, W.P., JR.	
STREET ADDRESS	606 DOTHAN HWY.	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, JOHN M.	
STREET ADDRESS	606 DOTHAN HWY.	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	SIMMONS, D.R., III	
STREET ADDRESS	606 DOTHAN HWY	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMMONS, CHARLES S.	
STREET ADDRESS	606 DOTHAN HWY	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 supplementary 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: *D.R. Simmons, Jr.* **D.R. Simmons, Jr. 3-5-98 912-246-2266**

CR2E034 (10/97)