

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

**FILED**  
**Jan 22, 1999 8:00am**  
**Secretary of State**

01-22-1999 90062 038 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 804541

1. Corporation Name  
**ELBERTA CRATE & BOX CO.**



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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: 03/19/1936

4. FEI Number: 58-0232440

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 owes the current year Intangible Personal Property Tax:  Yes  No

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, 83, 84 City, 85 Zip Code (FL)

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: *Bill C. Rowan* (NOTE: Registered Agent signature required when reinstating) DATE: 1-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, D.R.JR.	1.2 NAME	
STREET ADDRESS	606 DOTHAN HWY.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, W.P., JR.	2.2 NAME	
STREET ADDRESS	606 DOTHAN HWY.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, JOHN M.	3.2 NAME	
STREET ADDRESS	606 DOTHAN HWY.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, D.R.III	4.2 NAME	
STREET ADDRESS	606 DOTHAN HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, CHARLES S.	5.2 NAME	
STREET ADDRESS	606 DOTHAN HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE GA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *Bill C. Rowan* DATE: 1-6-99 DAYTIME PHONE #: 912 246 2266

CR2E034 (1/98)