


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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000538 (8)**

1. Corporation Name

OLD DOMINION BOX COMPANY, INC.

Principal Place of Business

P.O. BOX 680
LYNCHBURG VA 24505

Mailing Address

P.O. BOX 680
LYNCHBURG VA 24505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

54-0324790

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**SHELLABARGER, DONALD E
8806 VENTURE COVE
TEMPLE TERRACE FL 33637**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BUHLER, FRANK H.	
STREET ADDRESS	3124 SEDGEWICK DR.	
CITY-ST-ZIP	LYNCHBURG VA	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUHLER, JEANNE O	
STREET ADDRESS	3124 SEDGEWICK DR.	
CITY-ST-ZIP	LYNCHBURG VA 24503	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	FRANCIS, R. LEWIS	
STREET ADDRESS	RT. 1, BOX 31	
CITY-ST-ZIP	GLADYS VA 24554	

TITLE	C	<input type="checkbox"/> DELETE
NAME	LANKFORD, T. WAYNE	
STREET ADDRESS	13 LAKESIDE DR.	
CITY-ST-ZIP	LYNCHBURG VA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BALDWIN, BERNARD C III	
STREET ADDRESS	408 TRENTS FERRY RD.	
CITY-ST-ZIP	LYNCHBURG VA 24503	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUHLER, AMY S.	
STREET ADDRESS	1515 CREST DR	
CITY-ST-ZIP	COLUMBUS GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUHLER, MICHAEL O.	
1.3 STREET ADDRESS	5058 BOONSBORO ROAD	
1.4 CITY-ST-ZIP	LYNCHBURG, VA 24503	

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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCOTT, AMY B.	
6.3 STREET ADDRESS	1322 OAKWOOD CT.	
6.4 CITY-ST-ZIP	LYNCHBURG, VA 24503	

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.

SIGNATURE:

[Handwritten Signature] 3-23-98 (84) 9246701

CP2E034 (10/97)