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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9500004690 (2) C & G CONTAINERS, INC. Principal Prace of Business Mailing Address 152 EASY ST PO BOX 2003 **LAFAYETTE LA 70502-2003** LAFAYETTE LA 70506 3. Date Incorporated or Qualified 3a. Date of Last Report 09/26/1995 04/26/1996 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For 72-1137742 21 26 Not Applicable Suite, Apt #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zιρ Country Zipi Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name COMBS, BOB 314 SW 122ND ST 82 Street Address (P.O. Box Number is Not Acceptable) **GAINESVILLE FL 32607** 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. Standare, type-timp cated name of registered agont and tipe if applicable (NOTE: Registered Agent signature regu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. (96/6) Addition DELETE Change 1 1 TITLE 1016 BREAUX, GALE 1.2 NAME NAME 152 EASY ST 1.3 STREET ADDRESS STEEL LADOUESS LAFAYETTE LA 70506 1.4 CITY - \$1 - ZIP CHY 51 20 DELETE Change Addition 21 TITLE THE BREAUX, GALE 22 NAME 152 EASY ST 2.3 STREET ADDRESS STREET AND BESS LAFAYETTE LA 70508 2. 4 CITY-ST-ZIP 015 - 8 - 26 Addition DELETE Change DILE 3.1 TITLE 3 2 NAME Heldi 33 STREET ADDRESS SHELLSONES 3.4 CITY-ST-ZIP Edity-St-202 DELETE Change Addition 4.1 TiTLE THE 4.2 NAME NAME 4.3 STREET ADDRESS 5136:1 ADDRESS 44 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TIFLE 5.2 NAME N/M-5.3 STREET ADDRESS STREET ACORESS 5.4 CITY - ST - ZIP OBY: \$1,20 DELETE Change Addition 6 1 TITLE LUE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADJUSTES

64 City-S1-Zip

14. T do hereby certify that the information supplied with this filling 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

SIGNATURE:

appears in Brock 12 or Block 13 it change

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/28/97

Daytime Prione ▶ 0494010

FILED

Apr 02 1997 8:00am

Secretary of State