

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

FILED

May 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000004357 (6)
1. Corporation Name
SOUTHLAND CONTAINER PACKAGING CORP.

Principal Place of Business
118 WEST ADAMS ST.
JACKSONVILLE FL 32201

Mailing Address
118 WEST ADAMS ST.
JACKSONVILLE FL 32201



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | |
|---|--|---|--|---|--|-----------------------------|--|-------------------------------|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 32202 | | 2a. Mailing Address 26 P.O. Box 836 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 1 | | 3. Date Incorporated or Qualified 08/19/1997 | | 4. FEI Number 74-2063799 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 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

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

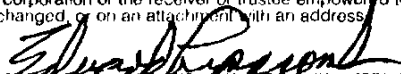
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|----------------------------|-----------------------|--|---|-----------------------|--|
| TITLE | DCO | <input type="checkbox"/> DELETE | 1.1 TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANGALIS, JEFFREY P | | 1.2 NAME | | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | <input type="checkbox"/> DELETE | 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RALPH, SHEA E | | 2.2 NAME | | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CALLAHAN, JEREMAH M | | 3.2 NAME | LIPSCOMB, EDWARD | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 3.3 STREET ADDRESS | 118 WEST ADAMS ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 3.4 CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> DELETE | 4.1 TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIDSON, PHILIP A | | 4.2 NAME | JOHN MOORE | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 4.3 STREET ADDRESS | 118 WEST ADAMS ST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 4.4 CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | <input type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, JAMES P | | 5.2 NAME | | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 5.4 CITY-ST-ZIP | | |
| TITLE | VST | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREEDMAN, DAVID | | 6.2 NAME | | |
| STREET ADDRESS | 118 WEST ADAMS ST. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32201 | | 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.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD LIPSCOMB

4/28/98

(904) 355-2592

Date

Daytime Phone #

0031185

CR2E034 (10/97)