

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

FILED

Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06551** (6)  
1. Corporation Name  
**SOUTHLAND CONTAINER, INC. OF LOUISIANA**

Principal Place of Business <b>P.O. BOX 128 FLORA MS 39071</b>	Mailing Address <b>P.O. BOX 128 FLORA MS 39071-0128</b>
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2. Principal Place of Business 21 <i>Same</i>		2a. Mailing Address 26 <i>Same</i>		3. Date Incorporated or Qualified <b>06/25/1985</b>	3a. Date of Last Report <b>01/24/1996</b>
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>64-0710554</b>	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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	<b>FL</b>
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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISONHOOD, B.L.</b>	1.2 NAME	
STREET ADDRESS	<b>483 LIVINGSTON/VERWR RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FLORA MS</b>	1.4 CITY - ST - ZIP	
<b>[REDACTED]</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODGERS, RANDALL</b>	2.2 NAME	
STREET ADDRESS	<b>483 LIVINGSTON VERNON ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FLORA MS</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEGENHEIMER, LESTER G</b>	3.2 NAME	
STREET ADDRESS	<b>200 NORTH 13TH, STE 112</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORSICANA TX</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, JOHN L JR</b>	4.2 NAME	
STREET ADDRESS	<b>200 NORTH 13TH, STE 112</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CORSICANA TX</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, SETH</b>	5.2 NAME	
STREET ADDRESS	<b>483 LIVINGSTON/VERWR RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FLORA MS</b>	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 do 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **4-18-97** Daytime Phone #: **601-879-8816**

CR2E034 (9/96)