**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022445 (9)

1. Corporation Name
SPACE COAST CONTAINER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~731-1 ENTERPRISE COURT~~<br>~~SUITE 1~~<br>~~WEST MELBOURNE FL 32904~~<br>US | ~~P O BOX 361292~~<br>~~SUITE 9B~~<br>~~MELBOURNE FL 32936~~<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 01/24/1994

2. Principal Place of Business
21: 1725 Cogswell St
22: Suite, Apt. #, etc.
23: City & State: Rockledge, FL
24: Zip: 32955
25: Country: US

2a. Mailing Address
26: P.O. Box 560264
27: Suite, Apt. #, etc.
28: City & State: Rockledge, Florida
29: Zip: 32956
30: Country: US

4. FEI Number: 59-3172637 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MITHCELL, BRUCE A
1825 S RIVERVIEW DR
MELBOURNE FL 32901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | President - P,D,T,S | ☒ Change ☐ Addition |
| NAME | BROWNHILL, LLOYD D | 1.2 NAME | PRIMEAUX, DAVID J. | |
| STREET ADDRESS | 4370 CANARD RD | 1.3 STREET ADDRESS | 308 SHERWOOD PLACE | |
| CITY-ST-ZIP | MELBOURNE FL 32904 | 1.4 CITY-ST-ZIP | MERRITT ISLAND, FL 32953 | |
| TITLE | D | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DURDEN, JERRY L | 2.2 NAME | | |
| STREET ADDRESS | 7948 TIMBERLAKE DR | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | WEST MELBOURNE FL 32904 | 2.4 CITY-ST-ZIP | | |
| TITLE | | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 3.2 NAME | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | |
| TITLE | | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ 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 is voluntarily furnished and 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: David J. PRIMEAUX 6 407-636-1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
David J Primeaux

0430712 FF