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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055598 (3)

ENNIS CONTAINERS, INC.

FILED Feb 02 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address   |  |  |                      |   | 4 SABUKSARI SID IBIBI BEHIK BUHIK BUHIK BUHIK BUHIK DINAK DINAK DINAK BINB SUNDI SUNDI SUNDI SUNDI SUNDI SUNDI |
|---|--|--|----------------------|---|--|
| POST OFFICE<br>AUBURNDALE   |  | POST OFFICE BOX 172<br>AUBURNDALE FL 33823 |                      |   | DO NOT WRITE IN THIS SPACE   |
|   |  |  |                      |   | 3. Date Incorporated or Qualified  |
|   |  |  |                      |   | 07/14/1995   |
| 2. Principal Place of Business 2a. Mailing Address  |  |  |                      |   | 4. FEI Number Applied For  |
| 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc.   |  |  |                      |   | 59-3343993   Not Applicable  |
|   |  |  | #, etc.              |   | 5. Certificate of Status Desired   \$8.75 Additional Fee Regulred  |
| City & State  | 9  | City & State                               |                      |   |  |
| 23  | •  | 28   |                      |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                             |
| Zip Country Zip   |  |  | Coun                 | try                                       | 8. This corporation owes or has paid the current year Intaggible   |
| 24  | 25 29 30   |  | 30                   |   | Personal Property Tax due June 30. Yes No  |
|   | 9. Name and Address of Curren                      | nt Registered Agent                        |                      |   | 10. Name and Address of New Registered Agent   |
| ENNIS, DARRELL D  |  |  |                      | Name                                      |  |
| 726 HORN ROAD   |  |  | Street Add           | Iress (P.O. Box Number is Not Acceptable) |  |
| auburndale fl 33823   |  |  |                      |   |  |
|   |  |  |                      | 13  |  |
| i   |  |  | 1                    | 14 City                                   | 85 Zip Code  |
|   |  | ) 007 4500 Ft 1/ 600                       |                      |   | FL   s   z p coos  |
| 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 age | and this it nonleading the                 | Nr. Considered       | Caral pionet in sec                       | ired when reinstating) DATE  |
| 12.   | OFFICERS AN  | . <u> </u>                                 | 13.                  | tgen signature requi                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | DP   | DELETE                                     | 1.1 TITL             | <u> </u>                                  | ☐ Change ☐ Addition  |
| NAME  | ENNIS, DARRELL D                                   |  | 1.2 NAN              | ie  |  |
| STREET ADDRESS POST OFFICE BOX 172 N/A  |  |  | 1.3 STR              | ET ADDRESS                                | ,  |
| CITY-ST-ZIP   | AUBURNDALE FL                                      |  | 1.4 CITY             | -ST-ZIP                                   |  |
| TITLE   | V  | DELETE                                     | 2.1 TIFL             | E   | ☐ Change ☐ Addition  |
| NAME  | WALKER, SPENCER R 22 N                             |  | 2.2 NAM              | IE .                                      |  |
| STREET ADDRESS  | 923 KEITH LANE                                     |  | 2.3 STR              | EET ADDRESS                               |  |
| CITY-ST-ZIP   | AUBURNDALE   |  | 2. 4 CIT             | r-ST-ZIP                                  |  |
| TITLE   |  | DELETE                                     | 3.1 TATL             | ·   _                                     | ☐ Change ☐ Addition  |
| NAME  |  |  | 3.2 NAM              | E   |  |
| STREET ADDRESS  |  |  | 3.3 STR              | ET ADDRESS                                |  |
| CITY-ST-ZIP   |  |  |                      | (-ST-ZIP                                  |  |
| TITLE   |  | ☐ DELETE                                   | 4.1 TITL             | l l                                       | Change Addition  |
| NAME  |  |  | 4. 2 NA              |   |  |
| STREET ADORESS  |  |  | 1                    | ET ADDRESS                                |  |
| CITY-ST-ZIP   |  | DELETE                                     |                      | -ST-ZIP                                   | Change Addition  |
| TITLE   |  | ☐ pcrtsc                                   | 5.1 TITL             |   | Griange Augritori  |
| NAME<br>STREET ADDRESS  |  |  | 5.2 NAN              |   |  |
| STREET ADDRESS  |  |  |                      | ET ADDRESS                                |  |
| CITY-ST-ZIP<br>TITLE  |  | ☐ DELETE                                   | 5.4 CITY<br>6.1 TITL | - ST - ZIP<br>:                           | ☐ Change ☐ Addition  |
| NAME  |  | - October                                  | 6.2 NAM              | i   |  |
| STREET ADDRESS  |  |  |                      | ET ADDRESS                                |  |
| CITY-ST-ZIP   |  |  |                      | -ST-ZIP                                   |  |
| G11 1 D1 - 411  |  |  | ■ U/T U/I I          | w   |  |

14. Thereby 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 of trustee extrawered 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 order.

CIONATURE.

/2/00

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