

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 386202 (6)
1. Corporation Name
MAC PAPER CONVERTERS, INC.



Principal Place of Business: **3300 PHILLIPS HIGHWAY JACKSONVILLE FL. 32207 US**
Mailing Address: **POST OFFICE BOX 5369 JACKSONVILLE FL 32247-5369 US**

3. Date Incorporated or Qualified: **08/02/1971**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-1375158**
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
**MCGEHEE, T.R.
3300 PHILLIPS HWY
JACKSONVILLE FL 32207**

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 **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCGEHEE, T R	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCGEHEE, F.S., JR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCGEHEE, F S	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, JONATHAN Y	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JAX FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MC GEHEE, D.S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY - ST - ZIP	JACKSONVILLE, FL 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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, under an attachment with an address.

SIGNATURE: *Wm T. M. Schee* **4/24/96 (904)348-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Phone #

CR2E034 (12/95)