

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/02/1971	
21 Suite, Apt #, etc.	22 City & State	26 Suite, Apt #, etc.	27 City & State	4. FEI Number 59-1375158	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCGEHEE, T.R. 3300 PHILLIPS HWY JACKSONVILLE FL 32207				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SO	<input type="checkbox"/> DELETE	1.1 TITLE	CO-CEO & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, T R		1.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		1.4 CITY-ST-ZIP	Zip = 32207
TITLE	VO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGEHEE, SUTTON		2.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		2.4 CITY-ST-ZIP	Zip = 32207
TITLE	CD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGEHEE, F S		3.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		3.4 CITY-ST-ZIP	Zip = 32207
TITLE	Y	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERS, JONATHAN Y		4.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY		4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL		4.4 CITY-ST-ZIP	Zip = 32207
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEHEE, D.S.		5.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL		5.4 CITY-ST-ZIP	Zip = 32207
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas R. McGehee, Jr.		6.2 NAME	
STREET ADDRESS	3300 Phillips Hwy		6.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32207		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 _____

CR2E034 (10/97)