

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90266 013 \*\*\*150.00

**DOCUMENT # 386202**

1. Entity 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**

**40041034**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

04202005 Chg-P CR2E034 (10/03)

City & State  
Zip Country

4. FEI Number  
**59-1375158**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCGEHEE, DAVID S  
3300 PHILLIPS HWY  
JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGEHEE, SUTTON	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL 0, 32207	
TITLE	CD	<input type="checkbox"/> Delete
NAME	MCGEHEE, F S	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL 0, 32207	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ROGERS, JONATHAN-Y	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGEHEE, DAVID S	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MCGEHEE, THOMAS R JR	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Brent	
STREET ADDRESS	3300 Phillips Hwy.	
CITY-ST-ZIP	Jacksonville, FL. 32207	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with or without the like empowered.

**SIGNATURE:** *David S. McGehee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**David S. McGehee, President**  
Date **4-21-05** Daytime Phone # **904.348-3300**

ATTACHMENT  
#38202/2004/094

**MAC PAPER CONVERTERS, INC.**

**UNIFORM BUSINESS REPORT**

**ADDITIONAL OFFICERS AND DIRECTORS:**

TITLE: VP  
NAME: ROBERT M. TEES  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP  
NAME: DARNELL M. BABBIT  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: DELIA H. McGEHEE  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: ANN W. McGEHEE  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: DELIA H. McGEHEE, II  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: ANN M. RILEY  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: DEBORAH D. McGEHEE  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: KATHRYN N. McGEHEE  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D  
NAME: TERRI R. McGEHEE  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207