

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 # 524825 (7)

1. Corporation Name
COLONIAL PAPER COMPANY, INC.



Principal Place of Business: 3720 NE 33RD ST, P.O. BOX 310 SILVER SPRINGS, FL 32688, OCALA FL 32678
Mailing Address: 3720 NE 33RD ST, P.O. BOX 310 SILVER SPRINGS FL 32688, US

3. Date Incorporated or Qualified: 02/01/1977
3a. Date of Last Report: 03/06/1995
4. FEI Number: 59-1712436
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

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip: 34479, Country; 24
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip: 34489, Country; 29, 30

9. Name and Address of Current Registered Agent

TUCK, GAIL B.
3720 NE 33RD ST
OCALA FL 32670
PRICE, VIVIAN

10. Name and Address of New Registered Agent

81 Name: VIVIAN T. PRICE
82 Street Address (P.O. Box Number is Not Acceptable): 3720 NE 33RD ST.
83
84 City: Ocala, FL 85 Zip Code: 34470

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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Vivian T. Price* DATE: 3-1-96

12. OFFICERS AND DIRECTORS

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	TUCK, WILLIAM H., SR.	
STREET ADDRESS	3720 NE 33RD ST	
CITY- ST- ZIP	OCALA FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	TUCK, GAIL B.	
STREET ADDRESS	3720 NE 33RD ST	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, HUGH D	
STREET ADDRESS	3720 NE 33RD ST	
CITY- ST- ZIP	OCALA, FL 00000	
TITLE	GMD	<input type="checkbox"/> DELETE
NAME	TUCK, DAVID A.	
STREET ADDRESS	3720 NE 33RD ST	
CITY- ST- ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRICE, VIVIAN T.	
STREET ADDRESS	3720 NE 33RD ST	
CITY- ST- ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE

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, or on an attachment with an address.

SIGNATURE: *Vivian T. Price* Vivian T. Price 3-7-96 904-622-4171

CR2E034 (12/95)