

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90061 010 ***150.00

DOCUMENT # 524825

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 34479
US

Mailing Address

3720 NE 33RD ST
P.O. BOX 310
SILVER SPRINGS FL 34489
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1977

4. FEI Number

59-1712436

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRICE, VIVIAN T
3720 NE 33RD ST
OCALA FL 34470

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
CD
TUCK, WILLIAM H SR
STREET ADDRESS
3720 NE 33RD ST
CITY-ST-ZIP
OCALA FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
PD
TUCK, GAIL B
STREET ADDRESS
3720 NE 33RD ST
CITY-ST-ZIP
OCALA FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
PRICE, HUGH D
STREET ADDRESS
3720 NE 33RD ST
CITY-ST-ZIP
OCALA, FL 00000

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
GMD
TUCK, DAVID A.
STREET ADDRESS
3720 NE 33RD ST
CITY-ST-ZIP
OCALA FL

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STD
PRICE, VIVIAN T
STREET ADDRESS
3720 NE 33RD ST
CITY-ST-ZIP
OCALA FL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Vivian T Price 4899 352-622-4171

CR2E034 (11/98)

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