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 # 525739 (9)

1. Corporation Name

PIONEER PAPER & PLASTICS, INC.

Principal Place of Business	Mailing Address
5201 KINGS RD. P.O.BOX 37248 JACKSONVILLE FL 32205	5201 KINGS RD. P.O.BOX 37248 JACKSONVILLE FL 32205

3. Date Incorporated or Qualified: **02/11/1977**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-1723644** ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

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

AGUILAR,ROBERT
1329 KINGSLEY AVE.,STE.A
ORANGE PARK FL 32073

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

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 607.1505, 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

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	FARAH, FREDDY E.	
STREET ADDRESS	9419 WEXFORD ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	FARHAT, EDWARD J.(CHRMAN	
STREET ADDRESS	3529 BEAUCLERC WOOD LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	HOLBROOK, LEON H.	
STREET ADDRESS	SUITE 2301, INDEPDENT SQ	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	FARHAT, JOHN G.	
STREET ADDRESS	3050 JULINGTON CK ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	☐ DELETE
NAME	FARAH, OMAR J.	
STREET ADDRESS	1946 OAKMONT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

200001755282
-03/25/96--01005--009
***200.00

CR2E034 (12/95)

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: Omar J. Farah V-P 3/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SG 3-22-96