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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State-
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 28 AM 9:16

DOCUMENT # **H51634** (4)

1. Corporation Name
PUTNAM PAPER & PACKAGING, INC.

Principal Place of Business Mailing Address
ROUTE 1 BOX 449A EAST PALATKA FL 32131 **ROUTE 1 BOX 449A EAST PALATKA FL 32131**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/10/1985** 3a. Date of Last Report **04/21/1994**

21. Principal Place of Business 109 JAX LANE Suite, Apt. #, etc.	26. Mailing Address P.O. BOX 2068 Suite, Apt. #, etc.	4. FBI Number 59-2524511	Applied For <input type="checkbox"/> Not Applicable
22. City & State PALATKA, FL	27. City & State PALATKA, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip 32177	25. County Putnam	28. Zip 32178	29. County Putnam

9. Name and Address of Current Registered Agent HUDSON, ROBERT E. ROUTE 1 BOX 449A EAST PALATKA FL 32131		10. Name and Address of New Registered Agent			
		81. Name ROBINSON, JOHN P.			
		82. Street Address (P.O. Box Number is Not Acceptable) 109 JAX LANE			
		83.			
		84. City PALATKA	85. Zip Code FL 32177		

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: *John P. Robinson* **JOHN P. ROBINSON** DATE: **JUNE 22, 1995**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVD	NAME HUDSON, ROBERT E.	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 449-A	CITY-ST-ZIP EAST PALATKA FL	1.2 NAME ROBINSON, JOHN P.	
		1.3 STREET ADDRESS 109 JAX LANE	
		1.4 CITY-ST-ZIP PALATKA, FL 32177	
TITLE STD	NAME HUDSON, LUCY H.	2.1 TITLE DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS RT 1 BOX 449-A	CITY-ST-ZIP EAST PALATKA FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	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, unchanged, or on an attachment with an address.

SIGNATURE: *John P. Robinson* **JOHN P. ROBINSON** 6-5-95 (904) 328-5101