

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M77083 (7)**

1. Corporation Name
VANGUARD PAPER COMPANY



Principal Place of Business: **4141 JOHN YOUNG PARKWAY P.O. BOX 540060 ORLANDO FL 32854-0060 US**
Mailing Address: **4141 JOHN YOUNG PARKWAY P.O. BOX 540060 ORLANDO FL 32854-0060 US**

3. Date Incorporated or Qualified: **04/13/1988**
3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-2881659**
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 2517 SHADEL RD. 22 UNIT 3 23 City & State 24 Zip 25 Country**
2a. Mailing Address: **26 DELETE STREET ADDRESS 27 State, Apt. #, etc. 28 City & State 29 Zip 30 Country**

9. Name and Address of Current Registered Agent
**VOORHEES, HARRISON K. T., II
901 PACE AVE
MAITLAND FL 32751**

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 607.0402 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 607.0506, Florida Statutes.

SIGNATURE: _____ (Signature of Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

11a. NAME	PD VOORHEES, HARRISON K.T.II	<input type="checkbox"/> DELETE
11b. STREET ADDRESS	901 PACE AVENUE	
11c. CITY-STATE-ZIP	MAITLAND FL	
11d. TITLE		<input type="checkbox"/> DELETE
11e. NAME		
11f. STREET ADDRESS		
11g. CITY-STATE-ZIP		
11h. TITLE		<input type="checkbox"/> DELETE
11i. NAME		
11j. STREET ADDRESS		
11k. CITY-STATE-ZIP		
11l. TITLE		<input type="checkbox"/> DELETE
11m. NAME		
11n. STREET ADDRESS		
11o. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME	
11.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP	
11.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME	
11.7 STREET ADDRESS	
11.8 CITY-STATE-ZIP	
11.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME	
11.11 STREET ADDRESS	
11.12 CITY-STATE-ZIP	
11.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME	
11.15 STREET ADDRESS	
11.16 CITY-STATE-ZIP	
11.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME	
11.19 STREET ADDRESS	
11.20 CITY-STATE-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 or trustee-in-power or other person 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
H.K.T. VOORHEES II

2/23/96 (407) 297-7756
Date: _____ Digital Photo # _____

CR2E034 (12/95)