

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000195 (5)

1. Corporation Name

FLORIDA PULP AND PAPER MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

210 SOUTH MONROE STREET  
TALLAHASSEE FL 32301

210 SOUTH MONROE STREET  
TALLAHASSEE FL 32301-1824

3. Date Incorporated or Qualified 01/11/1996	3a. Date of Last Report
4. FEI Number Applied For	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEARINGTON, MERCER  
210 SOUTH MONROE STREET  
TALLAHASSEE FL 32301

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTMARK, FRANK	1.2 NAME	
STREET ADDRESS	POST OFFICE BOX 87 N/A	1.3 STREET ADDRESS	N/A
CITY-ST-ZIP	CANTONMENT FL 32533	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, H	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 150 N/A	2.3 STREET ADDRESS	N/A
CITY-ST-ZIP	JACKSONVILLE FL 32201	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARD, SAMUAL J	3.2 NAME	
STREET ADDRESS	2500 BLAIRSTONE ROAD, SUITE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32314	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, CHARLES H	4.2 NAME	
STREET ADDRESS	POST OFFICE BOX 105805	4.3 STREET ADDRESS	N/A
CITY-ST-ZIP	ATLANTA GA 30303	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, H D	5.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 280	5.3 STREET ADDRESS	N/A
CITY-ST-ZIP	BUCKEYE FL 32347	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, JIM	6.2 NAME	
STREET ADDRESS	POST OFFICE BOX 2580 N/A	6.3 STREET ADDRESS	N/A
CITY-ST-ZIP	PANAMA CITY FL 32402	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED 1-15-97 904 224-1215

CR2E037 (9/96)