

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 09 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N96000000195 (5)

1. Corporation Name

FLORIDA PULP AND PAPER ASSOCIATION - GOVERNMENTAL AFFAIRS, INC.



Principal Place of Business

Mailing Address

210 SOUTH MONROE STREET
TALLAHASSEE FL 32301

210 SOUTH MONROE STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

59-2806677

Applied For

APPLIED FOR

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☐ No

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

FL

85 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

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 WESTMARK, FRANK
STREET ADDRESS POST OFFICE BOX 87 N/A
CITY-ST-ZIP CANTONMENT FL 32533

1.1 TITLE DIRECTOR, PUBLIC AFFAIRS ☐ Change ☒ Addition
1.2 NAME SUZANNE SHACKLEY
1.3 STREET ADDRESS P.O. Box 87 N/A
1.4 CITY-ST-ZIP CANTONMENT FL 32533

TITLE ☐ DELETE
NAME D MANAGER, PUBLIC AFFAIRS
STREET ADDRESS WILLIAMS, H
CITY-ST-ZIP POST OFFICE BOX 150 N/A JACKSONVILLE FL 32201

2.1 TITLE MANAGER OF GOVERNMENT RELATIONS ☐ Change ☒ Addition
2.2 NAME JOSEPH R. PARKS
2.3 STREET ADDRESS 760 HAMMOND DR - ALBANY
2.4 CITY-ST-ZIP ATLANTA, GA. 30228

TITLE ☐ DELETE
NAME D REGIONAL MANAGER - GOVERNMENT AFFAIRS
STREET ADDRESS HOOD, CHARLES H
CITY-ST-ZIP P.O. BOX 105805 N/A ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D PUBLIC AFFAIRS MANAGER
STREET ADDRESS SMMONS, H D
CITY-ST-ZIP RT. 3, BOX 280 N/A BUCKEYE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D MANAGER OF GOVERNMENTAL AFFAIRS
STREET ADDRESS MANN, JIM
CITY-ST-ZIP P.O. BOX 2560 N/A PANAMA CITY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

SIGNATURE:

Joseph R. Parks
1-10-98 / 404-256-7811

CR2E037 (1097)