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Mar 04, 1999 8:00 am  
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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000195

1. Corporation Name  
FLORIDA PULP AND PAPER ASSOCIATION - GOVERNMENTAL AFFAIRS, INC.

Principal Place of Business  
210 SOUTH MONROE STREET  
TALLAHASSEE FL 32301

Mailing Address  
210 SOUTH MONROE STREET  
TALLAHASSEE FL 32301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2806672	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

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			

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	SHACKLEY, SUZANNE	1.2 NAME	
STREET ADDRESS	PO BOX 87 N/A	1.3 STREET ADDRESS	
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	
CITY-ST-ZIP	JACKSONVILLE FL 32201	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, CHARLES H	3.2 NAME	
STREET ADDRESS	P.O. BOX 105605 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, H D	4.2 NAME	
STREET ADDRESS	RT. 3, BOX 260 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUCKEYE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANN, JIM	5.2 NAME	
STREET ADDRESS	P.O. BOX 2560 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARROTT, JOSPEH R	6.2 NAME	
STREET ADDRESS	750 HAMMOND DR, BLDG 9	6.3 STREET ADDRESS	5825 GLENRIDGE DR. - BLDG 3 / SUITE 101
CITY-ST-ZIP	ATLANTA GA 30328	6.4 CITY-ST-ZIP	30328-5399

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, with all other like empowered.

SIGNATURE: Joseph R. Parrott SIGNATURE REQUIRED 2-11-99 (404) 250-3599  
Date Daytime Phone #

CR2E037 (11/98)