2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-01-2008 90060 001 ***122.50

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1. Entity Name
FLORIDA TISSUE SERVICES, INC.

66005575

Principal Place of Business	Mailing Address
162 W BURGESS ROAD PENSACOLA, FL 32503	162 W BURGESS ROAD PENSACOLA, FL 32503

03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3605624
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGHAM, DARICE
162 W BURGESS ROAD
PENSACOLA, FL 32503

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LANGHAM, DARICE
STREET ADDRESS	162 W BURGESS ROAD
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	CEOC
NAME	THOMAS, RONY
STREET ADDRESS	1864 CONCERT DRIVE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23453
TITLE	S
NAME	BERKSTRESSER, GORDON
STREET ADDRESS	1864 CONCERT DRIVE
CITY-ST-ZIP	VIRGINIA BEACH, VA 23453
TITLE	
NAME	Thomas Buersmeyer
STREET ADDRESS	1864 Concert Drive
CITY-ST-ZIP	Virginia Beach VA 23453
TITLE	
NAME	Douglas Wilson
STREET ADDRESS	1864 Concert Drive
CITY-ST-ZIP	Virginia Beach, VA 23453
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE: _____ 3-18-08 609-4602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #