

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra D. Morgan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:33

DOCUMENT # **P94000058278 (0)**

1. Corporation Name

**REDD PAPER COMPANY**

Principal Place of Business

105 HAMLIN T LANE  
ALTAMONTE SPRINGS FL 32714

Mailing Address

105 HAMLIN T LANE  
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1984

3a. Date of Last Report

2. Principal Place of Business

21 4000 N. Orange Blossom  
Trail

2a. Mailing Address

26 c/o Ultima Morgan

4. FBI Number

59-3266688

Applied For

Not Applicable

22 Suite, Apt. #, etc  
Suite 6

Suite, Apt. #, etc.

27 P.O. Box 3000

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Orlando, FL

28 Orlando, FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24 Zip  
32804

Country

29 Zip  
32802

30 Country

8. This corporation has liability for intangible tax under § 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

MORGAN, ULTIMA D  
315 E ROBINSON ST  
SUITE 600  
ORLANDO FL 32801

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 607.0502 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 607.0505, 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

TITLE	D
NAME	REDD, JOHNNY R
STREET ADDRESS	105 HAMLIN T LANE
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	D
NAME	REDD, SHERRY M
STREET ADDRESS	105 HAMLIN T LANE
CITY ST ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST ZIP		
21 TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST 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 110.07(3)(b), 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 607, 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. Seet*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/95

Date

407-299-6656

Original Phone #