

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 285906 (4)

1. Corporation Name

MAC PAPERS, INC.



Principal Place of Business

3300 PHILLIPS HIGHWAY  
JACKSONVILLE FL 32207  
US

Mailing Address

POST OFFICE BOX 5369  
JACKSONVILLE FL 32247-5369  
US

3. Date Incorporated or Qualified  
10/09/1964

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-1059698

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

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

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGEHEE, THOMAS R.  
3300 PHILLIPS HWY  
JACKSONVILLE FL 32207

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 CD ☐ DELETE  
NAME MCGEHEE, F S  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE TAS ☒ DELETE  
NAME DUPREE, J W JR  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE PD ☐ DELETE  
NAME MCGEHEE, F S JR  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE CD ☐ DELETE  
NAME MCGEHEE, T R  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE, FL 0

TITLE VSD ☐ DELETE  
NAME MC GEHEE, T.R., JR.  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VD ☐ DELETE  
NAME MC GEHEE, D.S.  
STREET ADDRESS 3300 PHILLIPS HWY  
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME T AS  
2.3 STREET ADDRESS Rogers, Jonathan Y.  
2.4 CITY-ST-ZIP 3300 Phillips Hwy  
Jacksonville, FL. 32207

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

Date

(904) 348-3300

Daytime Phone #

CR2E034 (12/95)