


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90093 028 ***150.00

DOCUMENT # 285906 1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1059698	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 32207				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCGEHEE, SUTTON <input checked="" type="checkbox"/> Delete 3300 PHILLIPS HWY JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS ROGERS, JONATHAN Y. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCGEHEE, SUTTON <input type="checkbox"/> Delete 3300 PHILLIPS HWY JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MC GEHEE, T.R., JR. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC GEHEE, D.S. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRENT, JOHN W 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, 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 line empowered.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: <i>Sutton McGehee</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> Sutton McGehee CEO </div> <div> 4-20-07 <small>Date</small> </div> <div> 904.348-3300 <small>Daytime Phone #</small> </div> </div>					

ATTACHMENT

40076397
#285906

MAC PAPERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: VP
NAME: STEVE BETHEA
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: DAVID MILLEMAN
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: STEPHEN L. COLLINS
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: DARNELL M. BABBIT
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: THOMAS A. FLEMING
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN W. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE, II
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN M. RILEY
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207