

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90209 031 \*\*\*150.00

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**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1059698**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCGEHEE, THOMAS R.  
3300 PHILLIPS HWY  
JACKSONVILLE FL 32207~~

Name **Sutton Mc Gehee**  
Street Address (P.O. Box Number is Not Acceptable)  
**3300 Phillips Hwy**  
City **Jacksonville** FL Zip Code **32207**

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 **Sutton Mc Gehee** **Sutton Mc Gehee** **President** **4/22/03**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CD	<input type="checkbox"/> Delete
NAME	MCGEHEE, F S	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ROGERS, JONATHAN Y.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGEHEE, SUTTON	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	<del>CD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>MCGEHEE, T R</del>	
STREET ADDRESS	<del>3300 PHILLIPS HWY</del>	
CITY-ST-ZIP	<del>JACKSONVILLE FL 32207</del>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MC GEHEE, T.R., JR.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MC GEHEE, D.S.	
STREET ADDRESS	3300 PHILLIPS HWY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 like empowered.

SIGNATURE: **Sutton Mc Gehee** **Sutton Mc Gehee** **President** **4/22/03** **904-348-3300**  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)

CR2E034 (10/02)

ATTACHMENT  
90103969  
Doc # 285906  
MAC PAPERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: CFO, VP  
NAME: JOHN W. BRENT  
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: SENIOR VP  
NAME: GERALD L. SHANE  
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: VP  
NAME: STEVE BETHEA  
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: VP  
NAME: DAVID MILLEMAN  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

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

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