

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # 005034 1. Entity Name PENINSULAR PAPER COMPANY	
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Principal Place of Business 5101 EAST HANNA TAMPA, FL 33610	Mailing Address 5101 EAST HANNA TAMPA, FL 33610
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04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0397470	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CLARKE, RICHARD S SR.
5101 EAST HANNA
TAMPA, FL 33610

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/25/07-90054-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, RICHARD S., SR. 5101 E. HANNA TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT O'KELLEY, RALPHAEL C 5101 E. HANNA TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, RICHARD S., JR. 5101 E. HANNA TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARKE, RICHARD III 5101 E HANNA AVE TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 fee empowered.

SIGNATURE: Richard S Clarke 4/16/07 813 623091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #