

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 # 196449 (3)

1. Corporation Name

STEVENS PAPER DISTRIBUTION, INC.



Principal Place of Business

ANNA M STEVENS
6550 OKEECHOBEE BLVD.
W PALM BEACH FL 33411

Mailing Address

ANNA M STEVENS
6550 OKEECHOBEE BLVD.
W PALM BEACH FL 33411

3. Date Incorporated or Qualified
10/01/1956

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-0825631

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~STEVENS, LOUIS A.
1723 N CONGRESS AVE.
WEST PALM BEACH FL 33401~~

81 Name

LOUIS A. STEVENS

82 Street Address (P.O. Box Number is Not Acceptable)

6550 OKEECHOBEE BL

83

84 City

WEST PALM BEACH FL

85 Zip Code

33411

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

LOUIS A. STEVENS

01/16/96

Signature, typed or printed name of registered agent and date of filing

Signature, typed or printed name of registered agent and date of filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEVENS, LOUIS A
STREET ADDRESS 121 YALE DR.
CITY-ST-ZIP LAKE WORTH FL

☐ DELETE

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

TITLE VD
NAME STEVENS, ALEX H. SR.
STREET ADDRESS 6550 OKEECHOBEE BLVD.
CITY-ST-ZIP W. PALM BCH. FL

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME STEVENS JR, HENRY W.
STREET ADDRESS 8878 PIONEER RD
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

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

TITLE STD
NAME STEVENS, ANNA M.
STREET ADDRESS 8080 WEST LAKE DRIVE
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
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

HENRY W STEVENS, JR

DATE

DAYTIME PHONE #

(407) 683-4701

01/16/96

CR2E034 (12/95)