


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90266 050 \*\*\*150.00

<b>DOCUMENT # 285906</b>	
1. Entity Name <b>MAC PAPERS, INC.</b>	

Principal Place of Business <b>3300 PHILLIPS HIGHWAY JACKSONVILLE, FL 32207 US</b>	Mailing Address <b>POST OFFICE BOX 5369 JACKSONVILLE, FL 32247-5369 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1059698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, F S	NAME	
STREET ADDRESS	3300 PHILLIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JONATHAN Y.	NAME	
STREET ADDRESS	3300 PHILLIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, SUTTON	NAME	
STREET ADDRESS	3300 PHILLIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEHEE, T.R., JR.	NAME	
STREET ADDRESS	3300 PHILLIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC GEHEE, D.S.	NAME	
STREET ADDRESS	3300 PHILLIPS HWY	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CFO
STREET ADDRESS		STREET ADDRESS	John W. Brent
CITY-ST-ZIP		CITY-ST-ZIP	3300 Phillips Hwy
			Jacksonville, FL 32207

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: <u>Sutton McGehee</u>	Sutton McGehee, 4-21-05 904.348-3300 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT  
#285906 / 2004/057  
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: 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: 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