

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90203 002 \*\*\*150.00

40063793



04202006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 285906</b> 1. Entity Name <b>MAC PAPERS, INC.</b>					
Principal Place of Business <b>3300 PHILLIPS HIGHWAY</b> <b>JACKSONVILLE, FL 32207 US</b>			Mailing Address <b>POST OFFICE BOX 5369</b> <b>JACKSONVILLE, FL 32247-5369 US</b>		
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 <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			7. Name and Address of New Registered Agent		
<b>MCGEHEE, SUTTON</b> <b>3300 PHILLIPS HWY</b> <b>JACKSONVILLE, FL 32207</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <del>CD</del> NAME <b>MCGEHEE, F S</b> STREET ADDRESS <b>3300 PHILLIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete		TITLE <u>Director</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TAS</b> NAME <b>ROGERS, JONATHAN Y.</b> STREET ADDRESS <b>3300 PHILLIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <del>CD</del> NAME <b>MCGEHEE, SUTTON</b> STREET ADDRESS <b>3300 PHILLIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete		TITLE <u>Chairman of the Board &amp; CEO</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VSD</b> NAME <b>MC GEHEE, T.R., JR.</b> STREET ADDRESS <b>3300 PHILLIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <del>CD</del> NAME <b>MC GEHEE, D.S.</b> STREET ADDRESS <b>3300 PHILLIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete		TITLE <u>President &amp; Director</u> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>CFO</b> NAME <b>BRENT, JOHN W</b> STREET ADDRESS <b>3300 PHILIPS HWY</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>	<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 like empowered.					
SIGNATURE: <u>Sutton McGehee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Sutton McGehee CEO Date: <u>4-21-06</u> Daytime Phone #: <u>904-348-3300</u>		

# ATTACHMENT

MAC PAPERS, INC.

40063799

## 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