


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90064 037 \*\*\*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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02082008 Chg-P CR2E034 (12/06)

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>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS ROGERS, JONATHAN Y. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD MC GEHEE, T.R., JR. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MC GEHEE, D.S. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO BRENT, JOHN W 3300 PHILLIPS HWY JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Stephen L. Collins 3300 Phillips Hwy Jacksonville, FL 32207</b> <input type="checkbox"/> Change <input checked="" 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:** *Sutton McGehee* **Sutton McGehee** **CEO** **4-8-08** **(904) 348 3300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40074126

#285906

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: D  
NAME: ANN W. McGEHEE  
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: DELIA H. McGEHEE, II  
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: D  
NAME: ANN M. RILEY  
ADDRESS: 3300 PHILIPS HIGHWAY  
CITY, STATE JACKSONVILLE, FL. 32207

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