

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90292 018 ***750.00

DOCUMENT # 353065

1. Corporation Name
MUTUAL PAPER COMPANY

Principal Place of Business

330 N INGRAHAM AVE
P O BOX 330
LAKELAND FL 33802

Mailing Address

330 N INGRAHAM AVE
P O BOX 330
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1969

4. FEI Number

59-0567810

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

28 Zip 29 Country

9. Name and Address of Current Registered Agent

BUCK, JOSEPH S.
5324 WOODHAVEN LANE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LEWIS, GRACE
STREET ADDRESS 2215 COLLINS LANE
CITY-ST-ZIP LAKELAND, FL 00000 ☒ DELETE

TITLE SD
NAME ANDREWS, BARBARA L
STREET ADDRESS 3325 CREWS LAKE DRIVE
CITY-ST-ZIP LAKELAND, FL 00000 ☐ DELETE

TITLE P
NAME BUCK, JOSEPH S.
STREET ADDRESS 5324 WOODHAVEN LANE
CITY-ST-ZIP LAKELAND, FL 00000 ☐ DELETE

TITLE CD
NAME LEWIS, HERMAN O
STREET ADDRESS 2215 COLLINS LN
CITY-ST-ZIP LAKELAND, FL 00000 ☐ DELETE

TITLE DT
NAME MUSALEN, ANGEL S
STREET ADDRESS 5023 SHADY LAKE LN
CITY-ST-ZIP LAKELAND, FL 00000 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

ANGEL S. MUSALEN

4-21-99

941-683-4373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)