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Apr 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 386202 (6)

1. Corporation Name
MAC PAPER CONVERTERS, INC.

Principal Place of Business

3300 PHILLIPS HIGHWAY
JACKSONVILLE FL. 32207
US

Mailing Address

POST OFFICE BOX 5369
JACKSONVILLE FL 32247-5369
US



3. Date Incorporated or Qualified

08/02/1971

3a. Date of Last Report

04/29/1996

4. FEI Number

59-1375158

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

MCGEEHEE, T.R.
3300 PHILLIPS HWY
JACKSONVILLE FL 32207

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 SD
NAME MCGEEHEE, T R
STREET ADDRESS 3300 PHILLIPS HWY
CITY- ST- ZIP JACKSONVILLE, FL 0

TITLE VD
NAME ~~MCGEEHEE, F.S., JR.~~
STREET ADDRESS 3300 PHILLIPS HWY
CITY- ST- ZIP JACKSONVILLE, FL 0

TITLE CD
NAME MCGEEHEE, F S
STREET ADDRESS 3300 PHILLIPS HWY
CITY- ST- ZIP JACKSONVILLE, FL 0

TITLE T
NAME ROGERS, JONATHAN Y
STREET ADDRESS 3300 PHILLIPS HWY
CITY- ST- ZIP JAX FL

TITLE PD
NAME MC GEEHEE, D.S.
STREET ADDRESS 3300 PHILLIPS HWY
CITY- ST- ZIP JACKSONVILLE, FL 0

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 do 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.

SIGNATURE:

Sutton McGehee

4/23/97 (904) 348-3300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton McGehee, Vice President

Daytime Phone

CR2E034 (9/96)