

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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90030 041 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 386202

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/02/1971

4. FEI Number
59-1375158

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.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent

MCGEHEE, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, T R	1.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32207	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, SUTTON	2.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32207	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, F S	3.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32207	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, JONATHAN Y	4.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JAX FL 32207	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, D S	5.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0 32207	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEHEE, THOMAS R JR	6.2 NAME	
STREET ADDRESS	3300 PHILLIPS HWY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	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: David S. McGehee **REQUIRED** David S. McGehee 4/27/99 (904) 348-3399
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)