


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90092 035 ***150.00

DOCUMENT # 386202	
1. Entity 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
--	---

40076340



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

04202007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1375158	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGEHEE, DAVID S 3300 PHILLIPS HWY JACKSONVILLE, FL 32207	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <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	PD MCGEHEE, F S 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <input checked="" 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	TAS ROGERS, JONATHAN Y 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <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	CEOD MCGEHEE, DAVID S 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <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	SVD MCGEHEE, THOMAS R JR 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <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	CFO BRENT, JOHN W. 3300 PHILLIPS HWY JACKSONVILLE, FL 32207 <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: *David S. McGehee* **CEO** **4/20/07** **904-348-3300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40076340
#386202

MAC PAPER CONVERTERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: VP
NAME: ROBERT M. TEES
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: 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

TITLE: D
NAME: DEBORAH D. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: KATHRYN N. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: TERRI R. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207