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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90172 022 \*\*\*450.00

DOCUMENT # 396682

1. Corporation Name

HERITAGE PAPER COMPANY, INC.

Principal Place of Business

P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE FL 32217

Mailing Address

P O BOX 23517  
4011 MORTON ST.  
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1972

4. FEI Number

59-1381594

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.

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

PURSER, ROBERT F  
4011 MORTON ST.  
JACKSONVILLE FL 32217

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 P ☐ DELETE

NAME PURSER, ROBERT F  
STREET ADDRESS 7551 HOLLYRIDGE CIR  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME MURPHREE JR, JOHN A H  
STREET ADDRESS 822 NW 107TH TERR  
CITY-ST-ZIP GAINESVILLE FL 32604

TITLE D ☐ DELETE

NAME PURSER, ROBERT F. JR.  
STREET ADDRESS 10137 GOLF CLUB DR.  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D ☐ DELETE

NAME POLK, SAMUEL  
STREET ADDRESS 1721 GREEN ACRES DR  
CITY-ST-ZIP VIDALIA GA 30474

TITLE D ☐ DELETE

NAME BUCKNER, JOHN H  
STREET ADDRESS 4309 BLUE HERON DR  
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ DELETE

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 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:

ROBERT F. PURSER 3-5-99 904-731-6603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)