

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 23 1996 8:00 am
Secretary of State

DOCUMENT # 555588
1. Corporation Name

Atlantic Bag & Paper Company

Principal Place of Business
610 E. 10th Street
P.O. Box 836
Jacksonville, FL 32206

Mailing Address
610 E. 10th Street
P.O. Box 836
Jacksonville, FL 32206

3. Date Incorporated or Qualified
12/19/1977

3a. Date of Last Report
05/01/1995

4. FEI Number
59-0799268 1/1/96 changed to 59-33448897

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 State, Apt. #, etc.

26 P.O. Box 836

22 City & State

27 Suite, Apt. #, etc.

23 Zip

28 Jacksonville, FL

24 Country

29 32201

30 USA

9. Name and Address of Current Registered Agent

Ralph, Shea
610 E. 10th Street
Jacksonville, FL 32206

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-----------------|--------------------|------------------------|-------------------------------------|-------------------------------------|
| P | Ralph, Shea | 610 E. 10th Street | Jacksonville, FL 32206 | <input type="checkbox"/> |
| Bonnett, Sheila | 610 E. 10th Street | Jacksonville, FL 32206 | <input checked="" type="checkbox"/> | |
| VP | Hernandez, Suzi | 610 E. 10th Street | Jacksonville, FL 32206 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 11 TITLE | 12 NAME | 13 STREET ADDRESS | 14 CITY-ST-ZIP | 15 CHANGE | 16 ADDITION |
|----------|----------------|-------------------|------------------------|-------------------------------------|-------------------------------------|
| | | P.O. Box 836, N/A | Jacksonville, FL 32201 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| S | David Freedman | P.O. Box 836, N/A | Jacksonville, FL 32201 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| VP | David Freedman | P.O. Box 836, N/A | Jacksonville, FL 32201 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| T | John Moore | P.O. Box 836, N/A | Jacksonville, FL 32201 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Freedman

5-22-96

Date

904-355-2592

Daytime Phone

CR2E034 (12/95)