

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

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Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Moorthy Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 555588 (3)
1. Corporation Name
ATLANTIC BAG & PAPER COMPANY

Principal Place of Business
610 E 10TH STREET
P.O. BOX 3224
JACKSONVILLE FL 32206

Mailing Address
PO BOX 836
JACKSONVILLE FL 32201-0836



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1977	3a. Date of Last Report 05/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0799268	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALPH, SHEA
610 E. 10TH ST
JACKSONVILLE FL 32206

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	RALPH, SHEA	1.2 NAME	Callahan, Jerry
STREET ADDRESS	P.O. BOX 836, N/A	1.3 STREET ADDRESS	P.O. Box 836
CITY-ST-ZIP	JACKSONVILLE FL 32201	1.4 CITY-ST-ZIP	Jacksonville FL 32201
TITLE	SVP	2.1 TITLE	
NAME	FREEDMAN, DAVID S	2.2 NAME	11664 Hamrick Place
STREET ADDRESS	P.O. BOX 836, N/A	2.3 STREET ADDRESS	Jacksonville, FL 32223
CITY-ST-ZIP	JACKSONVILLE FL 32201	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME	MOORE, JOHN	3.2 NAME	9057 Spindle Tree Way
STREET ADDRESS	P.O. BOX 836, N/A	3.3 STREET ADDRESS	Jacksonville, FL 32256
CITY-ST-ZIP	JACKSONVILLE FL 32201	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

[Signature]

[Signature]

CR2E034 (9/96)