

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

DOCUMENT # 560253 (7)

1. Corporation Name
ST. LUCIE PAPER & PACKAGING, INC.



Principal Place of Business: 414 AVENUE A FT. PIERCE, FL 34950 US
Mailing Address: PO BOX 3836 FT. PIERCE, FL 34948 US

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for additional entities.

3. Date Incorporated or Qualified: 02/22/1978
3a. Date of Last Report: 03/20/1995
4. FEI Number: 59-1800648
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMILTON-SMITH, MICHAEL
414 AVENUE A
FT PIERCE, FL
34950

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 607.1308, 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 I accept the obligations of Section 607.0606, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 3/11/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

12.1 VD HAMILTON-SMITH, SCOTT 414 AVENUE A FT. PIERCE FL
12.2 PD HAMILTON-SMITH, MICHAEL 414 AVENUE A FT PIERCE, FL 00000

13.1 SEC/TREASURER HAMILTON-SMITH, LUCINDA 414 AVENUE A FT. PIERCE, FL 34950

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]* - President 3/11/96 407-464-8406

CR2E034 (12/95)