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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 652681 (8)

1. Corporation Name

HERITAGE PAPER COMPANY, INC. OF ORLANDO

Principal Place of Business

2640 MERCY DR.
P.O. BOX 15088
ORLANDO FL 32808-3804

Mailing Address

2640 MERCY DR.
P.O. BOX 15088
ORLANDO FL 32808-3804



3. Date Incorporated or Qualified 01/18/1980	3a. Date of Last Report 06/14/1996
4. FEI Number 59-1975681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

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., SR.
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 PD ☐ DELETE
NAME PURSER, ROBERT F., SR.
STREET ADDRESS 7551 HOLLYRIDGE CIR
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME MURPHREE, JOHN A.H., JR.
STREET ADDRESS 822 N.W. 107TH TERRACE
CITY-ST-ZIP GAINESVILLE FL

TITLE D ☐ DELETE
NAME BUCKNER, JOHN H.
STREET ADDRESS 4309 BLUE HERON DR
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE D ☐ DELETE
NAME PURSER, ROBERT F., JR.
STREET ADDRESS 10137 GOLF CLUB DR.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE
NAME POLK, SAMUEL
STREET ADDRESS 1721 GREEN ACRES DR
CITY-ST-ZIP VIDALIA GA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

Robert F. Purser, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-97

904/737-6603

Date Daytime Phone #

CR2E034 (9/96)