

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		01/18/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1975681	
24 Country		29 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
				Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				Yes No	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PURSER, ROBERT F., SR.	1.2 NAME	
STREET ADDRESS	7551 HOLLYRIDGE CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	MURPHREE, JOHN A.H., JR.	2.2 NAME	
STREET ADDRESS	822 N.W. 107TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	BUCKNER, JOHN H.	3.2 NAME	
STREET ADDRESS	4309 BLUE HERON DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	PURSER, ROBERT F., JR.	4.2 NAME	
STREET ADDRESS	10137 GOLF CLUB DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	POLK, SAMUEL	5.2 NAME	
STREET ADDRESS	1721 GREEN ACRES DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	VIDALIA GA	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 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.

4-9-98

904-737-6603

CR2E034 (10/97)