Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90172 022 ***450.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 652681

1. Corporation Name

HERITAGE PAPER COMPANY, INC. OF ORLANDO

Principal Place o	of Business	Mailing Address									
2640 MERCY DR. P.O. BOX 15098 ORLANDO FL 328	08-3804	2640 MERCY DR. P.O. BOX 15098 ORLANDO FL 32808-3804				DO NOT WRITE IN THIS SPACE					
						3.	Date Incorporated or Qualifed 01/18/1980		-		
2. Principal Place of Business		2a. Mailing Address					FEI Number		Applied For		
21		26	26				59-1975681		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5.	Certifcate of Status Desired	•	75 Additional se Required			
City & State		City & State	City & State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Got	untry		8.	This corporation owes the current year I Personal Property Tax.	ntangible Yes			
	10. Name and Address of New Registered Agent										
9. Name and Address of Current Registered Agent PURSER, ROBERT F., SR.					Name						
4011 MORTON ST. JACKSONVILLE FL 32217					Street Address (P.O. Box Number is Not Acceptable)						
							-				
				84	City			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. ra	m familiar with, and accept the obligations of, Section	607.0305, Fluildi	a Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re	quired when reinstating)		ATE		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECT				
TITLE	PD	DELETE	1.1 TITLE			Change	Addition	
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	DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	MURPHREE, JOHN A.H., JR.		2.2 NAME					
STREET ADDRESS	-822 N.W. 107TH TERRACE	* *	2.3 STREET ADDRESS	•		Commence of the contract of th	•	
CITY-ST-ZIP	GAINESVILLE FL		2. 4 CITY-\$T-ZIP					
TITLE	D	DELETE	3.1 TITLE			☐ Change	☐ Addition	
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	DELETE	4.1 TITLE			☐ Change	☐ Addition	
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				<u>. </u>	
TITLE	D	DELETE	5.1 TITLE			Change	☐ Addition	
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		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME ! .	ļ. · · · ·		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 suppliemental 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, with all other like empowered.

SIGNATURE: