

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 # 817894 (9)

1. Corporation Name

GILMAN PAPER COMPANY

Principal Place of Business

1000 OSBORNE ST.  
P.O. BOX 878  
ST. MARYS GA 31558

Mailing Address

1000 OSBORNE ST.  
P.O. BOX 878  
ST. MARYS GA 31558



3. Date Incorporated or Qualified  
04/27/1964

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-1824428

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VT ☐ DELETE  
NAME FAIELLA, JOHN R  
STREET ADDRESS 111 W 50TH ST  
CITY - ST - ZIP NEW YORK, NY 00000

TITLE VT ☐ DELETE  
NAME PALLER, MICHAEL  
STREET ADDRESS 1000 OSBORNE ST.  
CITY - ST - ZIP ST MARYS GA

TITLE CD ☐ DELETE  
NAME GILMAN, HOWARD  
STREET ADDRESS 111 W 50TH ST  
CITY - ST - ZIP NEW YORK, NY 0

TITLE VCD ☐ DELETE  
NAME HOLDEN, HAROLD H  
STREET ADDRESS 111 W 50TH ST  
CITY - ST - ZIP NEW YORK, NY 00000

TITLE PD ☒ DELETE  
NAME DAVIS, WILLIAM H  
STREET ADDRESS 1000 OSBORNE ST.  
CITY - ST - ZIP ST MARYS GA

TITLE AS ☐ DELETE  
NAME SORRENTINO, DOMINICK  
STREET ADDRESS 1000 OSBORNE ST  
CITY - ST - ZIP ST MARYS GA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME Heider, James  
4.3 STREET ADDRESS 1000 Osborne St.  
4.4 CITY - ST - ZIP St. Marys, GA 31558

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME Davis, William H  
5.3 STREET ADDRESS 1000 Osborne St.  
5.4 CITY - ST - ZIP St. Marys, GA 31558

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: *Dominick Sorrentino* DOMINICK SORRENTINO 04.22.96 (912)882-0402  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)