


FILE NOW FILING FEE AFTER MAY 1ST IS \$550.00
FOR DEPOSIT ONLY - 2/11/1999

FILED
Feb 11, 1999 8:00 am
Secretary of State

02-11-1999 90062 022 ***150.00

0641252

PROF # 1009068796

 1999 8 5 7
 21837-90062-22

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819928
 1. Corporation Name
PAPER PRODUCTS COMPANY OF MOBILE, INC.

Principal Place of Business Mailing Address
3440 ARMOUR AVENUE **3440 ARMOUR AVENUE**
P.O. BOX 7066 **P.O. BOX 7066**
MOBILE AL 36670 **MOBILE AL 36670**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified
10/05/1966

4. FEI Number
63-0364286

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C <input type="checkbox"/> DELETE
NAME	MCRANEY, W.V., SR.
STREET ADDRESS	3440 ARMOUR AVENUE
CITY-ST-ZIP	MOBILE AL
TITLE	P <input type="checkbox"/> DELETE
NAME	MCRANEY, W.V., JR.
STREET ADDRESS	3440 ARMOUR AVENUE
CITY-ST-ZIP	MOBILE AL
TITLE	V <input type="checkbox"/> DELETE
NAME	MCRANEY, MICHAEL V.
STREET ADDRESS	3440 ARMOUR AVENUE
CITY-ST-ZIP	MOBILE AL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCRANEY, DOROTHY A.
STREET ADDRESS	3440 ARMOUR AVE.
CITY-ST-ZIP	MOBILE AL
TITLE	V <input type="checkbox"/> DELETE
NAME	ESKRIDGE, JOHN
STREET ADDRESS	3440 ARMOUR AVE.
CITY-ST-ZIP	MOBILE AL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: _____ DATE: **1-26-99** DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)