SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
96 SEP 10 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F82373 (4)

1. Corporation Name
WELT PAPER COMPANY

Principal Place of Business	Mailing Address
1330 LAKESIDE DRIVE VENICE FL 34293	1330 LAKESIDE DRIVE VENICE FL 34293

3. Date Incorporated or Qualified: 05/18/1982
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2182557

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May be Added to Fee

8. This corporation has liability for intangible taxes under s. [illegible] Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WOOLARY, GENEVA H
884 COUNTRY CLUB CIRCLE
VENICE FL 34293

10. Name and Address of New Registered Agent
81 Name: JOHN WOOLARY
82 Street Address (P.O. Box Number is Not Acceptable): 19937 GULF BLVD Suite A
83
84 City: INDIAN SHORES FL 85 Zip: 33785

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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] 8/8/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) (DATE)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WOOLARY, JOHN C 1330 LAKE SIDE DR. VENICE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WOOLARY, FREDERICK B 1330 LAKE SIDE DR. VENICE FL	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☒ Change
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	19937 GULF BLVD SUITE A INDIAN SHORES, FL 33785	☐ Change
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	000001957100 -09/25/96--01093--019 *****225.00 *****225.00	☐ Change
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change

YB 9-20-96

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/8/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date