

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 PM 3:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F84573 (7)

1. Corporation Name
HERITAGE PAPER COMPANY, INC. OF TAMPA

Principal Place of Business Mailing Address
4757 DISTRIBUTION DRIVE TAMPA FL 33605-5921 **4757 DISTRIBUTION DRIVE TAMPA FL 33605-5921**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/08/1982** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2200907** 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

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

9. Name and Address of Current Registered Agent
**PURSER, ROBERT F., SR
4011 MORTON STREET
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLK, SAMUEL
STREET ADDRESS	1721 GREEN ACRES DR
CITY - ST - ZIP	VIDALIA GA 30474
TITLE	D
NAME	MURPHREE, JOHN A H JR
STREET ADDRESS	822 NW 107TH TERRACE
CITY - ST - ZIP	GAINESVILLE FL 32604
TITLE	D
NAME	BUCKNER, JOHN H
STREET ADDRESS	4309 BLUE HERON DR
CITY - ST - ZIP	PONTE VED BCH FL 32082
TITLE	PD
NAME	PURSER, ROBERT F SR
STREET ADDRESS	7551 HOLLYRIDGE CIR
CITY - ST - ZIP	JACKSONVILLE FL 32256
TITLE	PD
NAME	PURSER, ROBERT FJR
STREET ADDRESS	10137 GOLF CLUB DR.
CITY - ST - ZIP	JACKSONVILLE FL 32258
TITLE	
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 (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Robert F. Purser 4-19-95 904-737-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #