2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F84573

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

Principal Place of Business	Mailing Address
4962 DISTRIBUTION DRIVE TAMPA, FL 33605-5921	4962 DISTRIBUTION DRIVE TAMPA, FL 33605-5921

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2200907
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PURSER, ROBERT F., SR
4011 MORTON STREET
JACKSONVILLE, FL 32217

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. 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 32256
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD000031833?
05/02/05-80020-018 150.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert F. Purser Sr. 4-28-05 (904) 737-1603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #