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

DOCUMENT # **J87819** **(5)**

1. Corporation Name
WESTRICK PAPER COMPANY

Principal Place of Business	Mailing Address
C/O FERN I TELMASSE 2814 MERCURY RD. JACKSONVILLE FL 32207 US	C/O FERN I TELMASSE 2814 MERCURY RD. JACKSONVILLE FL 32207 US

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

3. Date Incorporated or Qualified: 08/11/1987
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-2831823 ☐ 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
81 Name: Henry G. Bachara Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street Suite 2200
83
84 City: Jacksonville FL 85 Zip Code: 32201

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: Henry G. Bachara Jr. Henry Bachara, Jr. June 27, 1996
Signature typed or printed of registered agent and title if applicable (Both registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TELMOSSE, FERNAND I.	
STREET ADDRESS	1601 OCEAN DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	☐ DELETE
NAME	TELMOSSE, CHRISTIAN F.	
STREET ADDRESS	3292 LAUREL GROVE DR S	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	☐ DELETE
NAME	TRUAX, FRANCE D.	
STREET ADDRESS	4038 ARBOR LAKE DR W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	MARSH, ROBERT B.	
STREET ADDRESS	1612 WERDON DR	
CITY-ST-ZIP	WAYNE PA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	TRUAX, France T.	
3.3 STREET ADDRESS	1243 Willow Oaks drive West	
3.4 CITY-ST-ZIP	Jacksonville, FL 32250	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

7/15 JZ

Bank deposit #225.00

CR2E034 (3/96)

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

SIGNATURE: Fernand I. Telmosse 6/6/96 904-737-2122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #