FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L70120

(5)

PALM HARBOR PAPER PRODUCTS, IN

NC.	
Mailing Address	f admitably may and steam and a view and steam of the steam
ACCI DANODALIA AVE	

FILED

May 04 1998 8:00am

Secretary of State

Principal Place	e of Business	Mailing Address			T INDICATE OUR CORRES NOTES ALBERT MENT MENT BURN OFF	14 01040 01046 04041 01844 1001
4631 PANORAMA AVE. HOLIDAY FL 3469D HOLIDAY FL 3469D				DO NOT WRITE IN THIS	SPACE	
					3. Date incorporated or Qualified	
					05/01/1990	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 26				59-3025328	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional	
27					Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Zip Country		itru	Trust Fund Contribution	Added to Fees
24	25	29	30	iii y	This corporation owes or has paid the current Personal Property Tax due June 30.	Yes No
<u> </u>	9. Name and Address of Curr		[30]		10. Name and Address of New Registered Agent	
GIR	BS, HARRELL C.		- 1	B1 Name		
	1 PANORAMA AVE			20 0000	(0.0 0 1)	
HOLIDAY FL 34890			}'	B2 Street Add	ress (P.O. Box Number is Not Acceptable)	
110	LIGHT I L STORE		ħ	B3		
						1-1-
			['	B4 City	FL	85 Zip Code
11. Pursuant I office or re agent. I as	o the provisions of Sections 607.09 egistered agent, or both, in the Sta or familiar with, and accept the obl	502 and 607.1508, Florida Statute of Florida. Such change was ligations of, Section 607.0505, F	ites, the ab authorized lorida Statu	ove-named corp by the corpora ites.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	
SIGNATURE						
	Signature, typed or printed name of registered r			Agent signature requi		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	P CIPPO LIAPPELL C	DELETE	1170	ļ		Change Addition
NAME	GIBBS, HARRELL C.		12 NA			
STREET ADDRESS	4631 PANORAMA AVE		L	EET ADDRESS		ļ
CITY-ST-ZIP TITLE	HOLIDAY FL ST	DELETE	2.1 TITL	Y-ST-ZIP		☐ Change ☐ Addition
NAME	GIBBS, LINDA JO	LJ DECER	2.2 NAN	Į.		Li Onninge Li Addition
STREET ADDRESS	4631 PANORAMA AVE			EET ADDRESS		
CITY-ST-ZIP	HOLDIAY FL			Y-ST-ZIP		
TITLE	TIOLDINITE	DELETE	3.1 TITL			☐ Change ☐ Addition
NAME		··-	3.2 NAM	ſ		
STREET ADDRESS				eet address		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELETE	4.1 TITL			Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP				r-ST-ZIP		ł
TITLE		DELETE	5.1 TiTL			Change Addition
NAME			5.2 NAN	AE		
STREET ADDRESS			5.3 STR	EET ADDRESS		ţ
CITY-ST-ZIP				r-S1-ZIP	•	
TITLE		DELETE	6.1 TITL			Change Addition
NAME			6.2 NAM	AE		
STREET ADDRESS			6.3 STR	EET ADDRESS		į
CITY-ST-ZIP			6.4 CITY	(-ST-ZIP		
4						

Thereby 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.