

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAY 19 PM 3:22

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M96000000183

FLORIDA COAST PAPER COMPANY, L.L.C.
600 U.S. HIGHWAY 98
PORT ST. JOE FL 32456

1a. Principal Place of Business Address

600 U.S. HIGHWAY 98
PORT ST. JOE FL 32456

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

05/23/1996

DE

4. FEI Number

59-3379704

~~XXXXXXXXXX~~

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

08/25/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

CORPORATION SERVICE , COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

~~3000025300003~~

~~-05/20/98--01113--023~~

~~****588.75 ****588.75~~

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WRIGHT, HAROLD D	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	STONE, ROGER W	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	BROOKSTONE, ARNOLD F	150 NORTH MICHIGAN AVE.	CHICAGO IL
MGRM	MEHIEL, DENNIS	115 STEVENS AVENUE	VALHALLA NY
MGRM	MEHIEL, CHRIS	115 STEVENS AVENUE	VALHALLA NY
delete	MGRM *****MCMERLIN, TIMOTHY D*****	115 STEVENS AVENUE*****	VALHALLA NY (DELETE)*****
DD	MGRM SANTIAGO, INGRID	115 STEVENS AVENUE	VALHALLA NY (ADD)*****
DD	MGRM ALLEN, FERREL	600 West Hwy. 98	Port St. Joe, FL (ADD)*****

11. I do 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Ferrel O. Allen*

Ferrel O. Allen

5/6/98

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #