

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P40978 (9)

1. Corporation Name

NATIONAL FIBERSTOK CORPORATION

Principal Place of Business

7990 2ND FLAG DR.
AUSTELL GA 30001

Mailing Address

7990 2ND FLAG DR.
AUSTELL GA 30001

APPROVED
AND
FILED

95 JUN 19 PM 6:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001518233

-06/20/95--01109--024

***225.00 ***225.00

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 10/15/1992 3a. Date of Last Report 10/25/1994

4. FEI Number 23-2574778 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 Country 28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIKLAS, ROBERT M.
STREET ADDRESS	7990 2ND FLAG DR.
CITY - ST - ZIP	AUSTELL GA 30001
TITLE	V
NAME	OLIVER, ROBERT
STREET ADDRESS	7990 2ND FLAG DR.
CITY - ST - ZIP	AUSTELL GA 30001
TITLE	VT
NAME	EBERT, SCOTT
STREET ADDRESS	7990 2ND FLAG DR.
CITY - ST - ZIP	AUSTELL GA 30001
TITLE	EV
NAME	BRITTS, WILLIAM
STREET ADDRESS	7702 PLANTATION RD.
CITY - ST - ZIP	ROANOKE VA 24019
TITLE	AS
NAME	ROBINSON, ZELIG
STREET ADDRESS	900 THIRD AVE, 28TH FL.
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	TAXPAYER'S COPY
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	TAXPAYER'S COPY
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	
32 NAME	TAXPAYER'S COPY
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	
42 NAME	TAXPAYER'S COPY
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	
52 NAME	TAXPAYER'S COPY
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	
62 NAME	TAXPAYER'S COPY
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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)(b), 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, changed, or on an attachment with an address.

SIGNATURE:

Scott P Ebert

6/7/95

404-948-6313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR