SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
95 JUN 20 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033688 (1)**

1. Corporation Name
JOTAN, INC.

400001519924
-06/21/95--01104--015
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
P O BOX 836 JACKSONVILLE FL 32206	P O BOX 836 JACKSONVILLE FL 32206

3. Date Incorporated or Qualified: **05/03/1993**
3a. Date of Last Report: **09/17/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3181162** ☐ 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
PEEK, DAVID H 1609 GULF LIFE TOWER JACKSONVILLE FL 32207	81 Name: Ralph, shea 82 Street Address (P.O. Box Number is Not Acceptable): 118 West Adams Street 83 Jacksonville, FL 32202 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] Pres
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	P	☒ Change ☐ Addition
NAME	RALPH, SHEA	12 NAME	Ralph Shea	
STREET ADDRESS	118 W ADAMS ST	13 STREET ADDRESS	118 W. Adams Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	14 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	21 TITLE	VP	☒ Change ☐ Addition
NAME	BONNETT, SHEILA R	22 NAME	Barnett, Jeff	
STREET ADDRESS	118 W. ADAMS ST	23 STREET ADDRESS	118 W. Adams Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	24 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	D	31 TITLE	CFO	☒ Change ☐ Addition
NAME	HERNANDEZ, SUSAN R	32 NAME	Freedman, David	
STREET ADDRESS	118 W ADAMS ST	33 STREET ADDRESS	118 W. Adams Street	
CITY-ST-ZIP	JACKSONVILLE FL 32202	34 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

400001519924
-06/21/95--01104--016
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CR2E034 (3/95)

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

SIGNATURE: [signature] 6/5/95 904-355-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0125101 FP