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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P93000033688 (1)

1. Corporation Name

JOTAN, INC.

FILED Apr 26 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address					············	LIBBE HINE BOISE AN PROFILE L	odnindik lira kelod kilin darik barki darih 90ka 96ka 18ka 49ka 18ka 16ka 16ka 16ka 18ka 18ka 1			
P O BOX 83 JACKSONVIL		P O BOX 836 JACKSONVILLE FL 32206								
						3. Date Incorporated or Qualified 05/03/1993	3a. Date	of Last F 5/20/19	•	
2. Principal Pk 21	ace of Business	2a. Mailing Address 26				4. FEI Number 59-3181162		1	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Decired		-	5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be	
Zıp	Country	Zip	Cou	intry		8. This corporation has liability for i	ntangible ta			
24	25	29	30			Florida Statutes Yes				
	9. Name and Address of Curr	ent Registered Agent		ļ.,,		10. Name and Address of New R	egistered A	gent		
				81	Name					
SHEA, RALPH 118 WEST ADAMS ST.			;	82	Street Ac	ldress (P.O. Box Number is Not Acceptab	e)		·	
JACKSO	NVILLE FL 32202			83						
				84	City			85 Zı	p Code	
				l	•		FL	1	•	
or registere	o the provisions of sections 907,050 ed agent, of both, in the State of Fic	02 and 607,1508, Florida Stat orida, Such change was author	utes, the abo rized by the c	ve-n corno	amed corp	oration submits this statement for the pur	ose of char	nging its r	egistered office	
familiar with	h, and accept the obligation of Se	ction 607.0505, Florida Statut	es.			pard of directors. I hereby accept the appo) / -	7 2	agent ram	
SIGNATURE 💂	The lift !						1/22,	190		
12.		ent and title if applicable (ND DIRECTORS		Agent	l signature rack	ired when reinstating)	DATE J			
TITLE	P	DELETE	13.	tı c		ADDITIONS/CHANGES TO OFFI				
NAME	ralph, shea						.] Change	■ Addition	
STREET ADDRESS	118 W ADAMS ST		1.2 NA	-						
CITY-ST-ZIP	JACKSONVILLE FL 32202				ADDRESS					
TITLE	V	NO DELETE	1.4 Ci	_	- ZIP			_		
NAME	BARNETT, JEFF	(N) pertie	2 1 Ti	W		1 1	L.	Change	Addition	
	118 W. ADAMS ST		22 NA		F	reedman David. 18 N. Adams 5t.				
STREET ADDRESS					ADDRESS 🔏	18 N. Mams Ot.		_		
CITY - S1 - ZIP	JACKSONVILLE FL 32202 CFO	D DOUGH	2 4 CIT		-ZIP	Tacksonville, FL				
	FREEDMAN, DAVID	☐ DELETE	3. 1 Tu			•		Change	Addition	
NAME	118 W ADAMS ST		3.2 NA							
STREET ADDRESS			3.3 ST	REET	ADORESS	_				
CITY-ST-ZIP TITLE	JACKSONVILLE FL 32202	☐ DELETE	34 CIT			Treas				
1		[] DECEIF	4. 1 T/1		1	Toore, John		Change	Addition	
NAME Cruser Addresse			4.2 NA		[]	IP N. Adams St.				
STHEET ADDRESS			1		ADDRESS .	Moore, John 19 W. Adams St. Jacksonrille, FL	200	^^		
CITY-ST-ZIP		F1 bo ere	4.4 CIT		- ZIP	Jacksonville, FL	200	V.	- 	
TITLE		☐ DELETE	5 1 7(1		[-		Change	☐ Addition	
NAME OVER A LEBESCO			5 2 NAI							
STREET ADDRESS			5 3 STF	REET A	ADDRESS	90000179	rac	a Car		
CITY - S1 - ZIP		El brieze	5 4 CIT		- ZIP	90000175 	วกกรั	7		
TITLE		☐ DELETE	6 1 111			***208.75	4 6	'Change	Addition	
NAME			6 2 NA				•	5". ^	l.	
STREET ADDRESS			6.3 STR	REET A	DDRESS			< u∃	<u>٧</u>	
CITY-ST-ZIP	notify that the information	the state are	6.4 CIT							
14, LOO Hereby	certify that the information supplied	with this filing is voluntarily fur	nished and d	nes	not qualify	for the exemption stated in Section 110 ft	7/2)/Id. Clark	do Cantud	on 16 miles.	

4. To neredy 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 cath, 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 anatoment with an address.

SIGNATURE:

OMATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (9

(904)355-2592