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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DISCOUNT PAPER & BOX, INC.

1. Corporation Name



DOCUMENT # **P94000020594** 

FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90162 003 \*\*\*150.00

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|  |  |  | , , , , , , , , , , , , , , , , , , , | <u></u>   |   |
|--|--|--|---------------------------------------|---|---|
| Principal Place  | e of Business  | Mailing Address  |                                       |   |   |
| SUITE 222 OFFICE CENTER<br>8060 SEMINOLE MALL<br>SEMINOLE FL 34642 |  | SUITE 222 OFFICE CENTER<br>8050 SEMINOLE MALL<br>SEMINOLE FL 34642 | •                                     | DO NOT WRITE IN THIS SPACE  |   |
| OEMINULE PL  | )*C*2  | SEMINULE FL 34042  |                                       | 3. Date Incorporated or Qualifed 03/14/1994   |   |
| 2. Principal P   | lace of Business   | 2a. Mailing Address  |                                       | 4. FEI Number   | Applied For                                 |
| 21   |  | 26   |                                       | 59-3229886  | Not Applicable                              |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  |                                       |   | \$8.75 Additional                           |
| 22   |  | 27   |                                       | 5. Certifcate of Status Desired   | Fee Required                                |
| City & Stat  | е  | City & State   |                                       | 6. Election Campaign Financing  | \$5.00 May Be                               |
| 23   |  | 28   |                                       | Trust Fund Contribution   | Added to Fees                               |
| Zip  | Country  | —————————————————————————————————————                              | Country                               | 8. This corporation owes the current year Intang  |   |
| 24   | 25   | 29 30  |                                       | 1 Cracital Froperty Tax.  | Yes No                                      |
|  | 9. Name and Address of Curren  | t Registered Agent   | 81 Name                               | 10. Name and Address of New Registered Ag   | ent   |
| RYAN, THOMAS D<br>SUITE 222 OFFICE CENTER<br>8050 SEMINOLE MALL    |  |  | o i Name                              |   |   |
|  |  |  | 82 Street Add                         | ress (P.O. Box Number is Not Acceptable)  |   |
|  |  |  | 83                                    |   |   |
|  | INOLE FL 34642   |  | 63                                    |   |   |
| CEMINALE 1E CHOTE  |  |  | 84 City                               | FL  | 85 Zip Code                                 |
| office or r  | to the provisions of Sections 607.050, egistered agent, or both, in the State m familiar with, and accept the obligations. | of Florida. Such change was authoriz                               | zed by the corporation                | poration submits this statement for the purpose of chaon's board of directors. I hereby accept the appointm | anging its registered<br>lent as registered |
| SIGNATURE  | Signature, typed or printed name of registered ager  | and title if applicable /NOTE: Pagista                             | ered Agent signature require          | ed when reinstating) DATE   |   |
| 12.  |  |  | 3.*                                   | ADDITIONS/CHANGES TO OFFICERS AND   | DIRECTORS IN 12                             |
| TITLE  | D  |  | 1 TITLE                               |   | Change Addition                             |
| NAME   | RYAN, THOMAS D   | 1.2  | 2 NAME                                |   |   |
| STREET ADDRESS   | 3060-76TH WAY N  | 1.3  | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  | ST. PETERSBURG FL 33710  | 1.4  | 4 CiTY-ST-ZIP                         |   |   |
| TITLE  |  | ☐ DELETE 2:  | 1 TITLE                               |   | Change Addition                             |
| NAME   | ,  | 2.2  | 2 NAME                                |   |   |
| STREET ADDRESS   | ·  | 2:   | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  |  | 2.   | 4 CITY-ST-ZIP                         |   |   |
| TITLE  |  | ☐ DELETE. 3.   | 1 TITLE                               |   | Change                                      |
| NAME   | (  | 3.2  | 2 NAME                                |   |   |
| STREET ADDRESS   | •  | 3.3  | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  |  |  | 4. CITY-ST-ZIP                        |   |   |
| TITLE  |  | ☐ DELETE 4.  | 1 TITLE                               |   | Change Addition                             |
| NAME   |  | 4.   | 2 NAME                                |   |   |
| STREET ADDRESS   |  | - 4.3  | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  |  |  | 4 CITY-ST-ZIP                         |   | 7.00  |
| TITLE  |  |  | 1 TITLE                               | Ε   | ☐ Change ☐ Addition                         |
| NAME   | ',   |  | 2 NAME                                |   |   |
| STREET ADDRESS   | ;  |  | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  |  |  | 4 CITY-ST-ZIP.                        |   | TChange ET Addition                         |
| TITLE  |  |  | 1 TITLE                               |   | ☐ Change ☐ Addition ☐                       |
| NAME   | %  |  | 2 NAME                                | -   |   |
| STREET ADDRESS   |  |  | 3 STREET ADDRESS                      |   |   |
| CITY-ST-ZIP  |  | 6.   | 4 CITY-ST-ZİP                         |   |   |

14. I 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 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, with all other like entrangement.

SIGNATURE: