

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara B. Morrison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036621 (8)

1. Corporation Name

STARR PAPER CORP.

Principal Place of Business

**904 EAST ROSE ST.
LAKELAND FL 33801**

Mailing Address

**904 EAST ROSE ST.
LAKELAND FL 33801**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified

3a. Date of Last Report

05/16/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Zip

Zip

24

25

29

30

4. FFI Number

Applied For
Not Applicable

13-5540745

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 redemptive fees under Fla. Stat. ch. 607, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARKER, VIOLA E
904 EAST ROSE ST.
LAKELAND FL 33801**

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 607.01(2)(b) and 607.01(2)(c), 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 607.01(2)(b), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to sign this report on behalf of the corporation

Signature of the person who is authorized to sign this report on behalf of the corporation

Date

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

14. NAME

15. STREET ADDRESS

16. CITY

17. STATE

18. ZIP CODE

19. NAME

20. STREET ADDRESS

21. CITY

22. STATE

23. ZIP CODE

24. NAME

25. STREET ADDRESS

26. CITY

27. STATE

28. ZIP CODE

29. NAME

30. STREET ADDRESS

31. CITY

32. STATE

33. ZIP CODE

34. NAME

35. STREET ADDRESS

36. CITY

37. STATE

38. ZIP CODE

39. NAME

40. STREET ADDRESS

41. CITY

42. STATE

43. ZIP CODE

44. NAME

45. STREET ADDRESS

46. CITY

47. STATE

48. ZIP CODE

49. NAME

50. STREET ADDRESS

51. CITY

52. STATE

53. ZIP CODE

54. NAME

55. STREET ADDRESS

56. CITY

57. STATE

58. ZIP CODE

59. NAME

60. STREET ADDRESS

61. CITY

62. STATE

63. ZIP CODE

**P T Viola E. Harker
904 E. Rose St.
Lakeland, FL 33801**

**VP S Erica K. Harker
2803 Lighthouse Lane
Parlin, NJ 08859-2428**

SIGNATURE:

Viola E. Harker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95 / 181260-200

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Barbara B. Mottman
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 20 1995

MAINE
COUNTY OF FLORIDA

DOCUMENT # P94000038043 (3)

1. Corporation Name

J.L.M. ENTERPRISES OF OCALA, INC.

Principal Place of Business

**2021 N.E. 20TH ST.
OCALA FL 34470**

Mailing Address

**2021 N.E. 20TH ST.
OCALA FL 34470**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1994

3a. Date of Last Report

—

4. FET Number

59.3255579

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**

7. Does corporation have liability for intangible tax under § 199 (20)?
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Residence

21

2b. Mailing Address

26

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

22

27

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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 607.0509, Florida Statutes.

SIGNATURE

(Signature of Current Registered Agent must be filed)

(Signature of New Registered Agent must be filed when required)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	DP MILLS, JOHN R
12.2	STREET ADDRESS	2021 N.E. 20 ST.
12.3	CITY, STATE, ZIP	OCALA FL 34470
12.4	NAME	DVS MILLS, LYDIA
12.5	STREET ADDRESS	2021 N.E. 20 ST.
12.6	CITY, STATE, ZIP	OCALA FL 34470
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, STATE, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, STATE, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, STATE, ZIP	

13.1	NAME		☐ Change ☐ Addition
13.2	NAME		
13.3	STREET ADDRESS		
13.4	CITY, STATE, ZIP		
13.5	NAME		☐ Change ☐ Addition
13.6	NAME		
13.7	STREET ADDRESS		
13.8	CITY, STATE, ZIP		
13.9	NAME		☐ Change ☐ Addition
13.10	NAME		
13.11	STREET ADDRESS		
13.12	CITY, STATE, ZIP		
13.13	NAME		☐ Change ☐ Addition
13.14	NAME		
13.15	STREET ADDRESS		
13.16	CITY, STATE, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07, Florida Statutes. I further certify that this information is filed on the annual report or supplemental financial report, true and accurate, and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the officer or director responsible to ensure this report is prepared by Chapter 199, Florida Statutes, and that my name appears in this report in the list of officers or directors of the corporation.

SIGNATURE:

Lydia Mills **LYDIA MILLS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.25.95

9046947076