

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000016192 (3)

1. Corporation Name

M & B SHREDDED PAPER & CONVERTERS, INC.

Principal Place of Business

Mailing Address

8440 43RD ST. NORTH  
PINELLAS PARK FL 34685

8440 43RD ST. NORTH  
PINELLAS PARK FL 34685

FILED

98 JUN -5 PM 3:06

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1995

4. FEI Number

59-3297898

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 10755 49th Street N.  
Suite, Apt. #, etc.

22 City & State

23 Clearwater, FL

24 Zip

25 33762

Country

26 Pinellas

2a. Mailing Address

27 10755 49th Street N.  
Suite, Apt. #, etc.

28 City & State

29 Clearwater, FL

30 Zip

31 33762

Country

32 Pinellas

9. Name and Address of Current Registered Agent

GRAESE, JILL E  
8440 43RD STREET, NORTH  
PINELLAS PARK FL 34685

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS GRAESE, JILL E  
CITY-ST-ZIP 8440 43RD ST. NORTH  
PINELLAS PARK FL 34685

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS ADAMS, ANDREW J SR.  
CITY-ST-ZIP 8440 43RD ST. NORTH  
PINELLAS PARK FL 34685

TITLE ☐ DELETE

NAME DST  
STREET ADDRESS GRAESE, LARRY A  
CITY-ST-ZIP 8440 43RD ST. NORTH  
PINELLAS PARK FL 34685

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
800002557778--6  
-06/12/98--01012--016  
\*\*\*\*150.00 \*\*\*\*150.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 registered agent 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]*

813-544-0558

CR2E034 (10/97)