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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000029500

PRINCETON PAPER SALES, INC.

Principal	Place	of	Business
1 Thicipan	, 1000	Ο.	Buonicoo

Mailing Address

625 COURT STREET #200

625 COURT STREET #200

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

05-06-1999 90189 026 ***150.00



LEARWATER PL 33/00		CLEANWATER PL 33730		DO NOT WRITE IN THIS SPACE					
					 Date Incorporated or Qualified 03/31/1998 				
2Principal P 1 600	al Place of Business O CLEVELAND STUBBET 26 26			4. FEI Number 59-3506648		Applicable			
Suite Apt.	/	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	& State City & State 28				6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to			
Zip 33	956 25 USA	Zip 3	Country 10		This corporation owes the current year In Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent			
CUIN	E HADDY C		81	Name					
CLINE, HARRY S 625 COURT STREET #200 CLEARWATER FL 33756			82	Street	treet Address (P.O. Box Number is Not Acceptable)				
			83						
	·		84	City	FL	85 Zip C	ode		
office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was aut	thorized by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appo	changing its i intment as reg	registered istered		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	Registered Ager	t signature re	equired when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT				
TITLE	PSD	DELETE	1.1 TITLE		PresidenT	Change	☐ Addition		
NAME	O'HEARN, KATHLEEN A		1.2 NAME		HARRY Hoover blvd # 108				
STREET ADDRESS	625 COURT STREET #200		1.3 STREET	ADDRESS	b Bellevicon Blva - 100				
CITY-ST-ZIP	CLEARWATER FL 33756		1.4 CITY-S	r- ZIP	Belleair, FL. 33756				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition		
VAME			2.2 NAME						
STREET ADDRESS			2.3 STREE	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-5	T-ZIP					
TITLE	,	☐ DELETE	3.1 TITLE			Change	Addition		
NAME			3.2 NAME	ľ					
STREET ADDRESS			3.3 STREE	ADDRESS					
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition		
TITLE		☐ DELETÉ	4.1 TITLE			☐ Change	Addition		
NAME			4. 2 NAME						
STREET ADORESS			4.3 STREE						
CITY-ST-ZIP		☐ DELETE	4.4 CITY-S	r-ZIP		Change	Addition		
TTLE		· — DELETE	5.1 TITLE 5.2 NAME				, addition		
NAME			5.2 NAME	ADDESS					
STREET ADDRESS			5.4 CTY-S						
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	1-217		☐ Change	Addition		
rinte			6.2 NAME			CT Autoride	L.J Modition		
NAME			6.3 STREET	ADDESS					
STREET ADDRESS									
CITY-ST-ZIP	1		6.4 CITY-S	1-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 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 of on an attachment with an address, with all other like empowered.

Minage of the same

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: