## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION **ANNUAL REPORT** 



ELORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT#** 246720 161

ARREDONDO PAPER COMPANY, INC.					
Principal Plac	ce of Business	Maeing Address			
632 MIRAMAR LANE PONTE VEDRA BEACH FL 32082		632 MIRAMAR LANE PONTE VEDRA BEACH FL 32082			
US		us		3. Date Incorporated or Qualified 3 04/22/1991	a. Date of Last Report 07/14/1995
·····•	Place of Business	2a. Mailing Address		4. FEI Number 59-3068388	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be
<b>3</b> Zip	Country	Zip	Country	Trust Fund Contribution     This corporation has liability for intan	Added to Fees
4	25	29	30	Florida Statutes Ye	es X No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registe	ered Agent
MAPLE, THOMAS W.			81 Name		
	2 MIRAMAR LANE		82 Street Add	dress (PO Box Number is Not Acceptable)	
PC	ONTE VEDRA BEACH FL 32082		83		
			84 City		FL 85 Zip Gode
agent La	am familiar with, and accept the oblig	e of Florida, Such change was a gations of Section 607.0505, Fl	authorized by the corpora orida Statutes	poration submits this statement for the purpo- tion's board of directors. Thereby accept the	appointment as registered
agent I a SIGNATURE 12.	am familiar with, and accept the oblig Stgrature typed or period rain out registered a OF FICERS A	gations of Section 607,0505, Fligeriand Healthgreath (NO ND DIRECTORS	orida Statutes  *E fleg stered Agent signature requests		SAND DIRECTORS IN 12
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SIGNATURE:

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 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GRAPH SIGNATURE OF SIGNATURE OF SIGNING OFFICER OR DIRECTOR