

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthon
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 396682

(7)

1. Corporation Name

HERITAGE PAPER COMPANY, INC.

Principal Place of Business

Mailing Address

P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217

P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/01/1972	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1381594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**PURSER, ROBERT F
4011 MORTON ST.
JACKSONVILLE FL 32217**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, ROBERT F	1.2 NAME	
STREET ADDRESS	7551 HOLLYRIDGE CIR	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32258	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHREE JR, JOHN A H	2.2 NAME	
STREET ADDRESS	822 NW 107TH TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32604	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, ROBERT F. JR.	3.2 NAME	
STREET ADDRESS	10137 GOLF CLUB DR.	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32256	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLK, SAMUEL	4.2 NAME	
STREET ADDRESS	1721 GREEN ACRES DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	VIDALIA GA 30474	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKNER, JOHN H	5.2 NAME	
STREET ADDRESS	4309 BLUE HERON DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PONTE VEDRA BCH FL 32082	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Robert F. Purser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

904 737-6603