

**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
1996



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

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**

3. Date Incorporated or Qualified **03/01/1972**
3a. Date of Last Report **04/24/1995**
4. FEI Number **59-1381594**
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 intangible tax under s. 199.032 Florida Statutes Yes No

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

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

11. Pursuant to the provisions of Sections 607.050 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. The hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.050, Florida Statutes.

SIGNATURE

Signature of agent, secretary, or other authorized representative of the corporation (Do not sign as a shareholder or previous registered agent.)

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | PURSER, ROBERT F | |
| STREET ADDRESS | 7551 HOLLYRIDGE CIR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MURPHREE JR, JOHN A H | |
| STREET ADDRESS | 822 NW 107TH TERR | |
| CITY-ST-ZIP | GAINESVILLE FL 32604 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PURSER, ROBERT F. JR. | |
| STREET ADDRESS | 10137 GOLF CLUB DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | POLK, SAMUEL | |
| STREET ADDRESS | 1721 GREEN ACRES DR | |
| CITY-ST-ZIP | VIDALIA GA 30474 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BUCKNER, JOHN H | |
| STREET ADDRESS | 4309 BLUE HERON DR | |
| CITY-ST-ZIP | PONTE VEDRA BCH FL 32082 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|--|---|
| 11 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | | |
| 53 STREET ADDRESS | | |
| 54 CITY-ST-ZIP | | |
| 61 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | | |
| 63 STREET ADDRESS | | |
| 64 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 119.07(5)(E), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Robert F. Purser Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-96 904 737-6603

CR2E034 (3/96)