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**Apr 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 396682 (7)
1. Corporation Name
HERITAGE PAPER COMPANY, INC.



Principal Place of Business: **P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217**
Mailing Address: **P O BOX 23517
4011 MORTON ST.
JACKSONVILLE FL 32217-2236**

3. Date Incorporated or Qualified: **03/01/1972** 3a. Date of Last Report: **06/14/1996**
4. FEI Number: **59-1381594** 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 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 Country: 29. Zip Country: 30. Zip Country

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
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]* (NOTE: Registered Agent signature required when reinstating) DATE:

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Robert F. Purser Sr., Pres.* 4-1-97 904/737-6603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)