

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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90172 022 \*\*\*450.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 396682**  
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified <b>03/01/1972</b> 4. FEI Number <b>59-1381594</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>PURSER, ROBERT F</b>
STREET ADDRESS	<b>7551 HOLLYRIDGE CIR</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MURPHREE JR, JOHN A H</b>
STREET ADDRESS	<b>822 NW 107TH TERR</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32604</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PURSER, ROBERT F. JR.</b>
STREET ADDRESS	<b>10137 GOLF CLUB DR.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POLK, SAMUEL</b>
STREET ADDRESS	<b>1721 GREEN ACRES DR</b>
CITY-ST-ZIP	<b>VIDALIA GA 30474</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUCKNER, JOHN H</b>
STREET ADDRESS	<b>4309 BLUE HERON DR</b>
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL 32082</b>
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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F. PURSER 3-5-99 904-737-6603  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1.1/98)