

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Florida Folder Service, Inc.

2. All other names debtor used in the last 8 years  
 Include any assumed names, trade names and doing business as names  
Brochure Displays Digital Press

3. Debtor's federal Employer Identification Number (EIN) 59-1149372

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>5535 Shad Road, Number 27 Jacksonville, FL 32257</u> Number, Street, City, State & ZIP Code	<u>P.O. Box 10270 Daytona Beach, FL 32120</u> P.O. Box, Number, Street, City, State & ZIP Code
	<u>Duval</u> County	Location of principal assets, if different from principal place of business <u>1808 Concept Court Daytona Beach, FL 32114</u> Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor Florida Folder Service, Inc.  
Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor **Florida Folder Service, Inc.**  
Name

Case number (if known)

11. Why is the case filed in this district? *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
  - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?
- No
  - Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
  - It needs to be physically secured or protected from the weather.
  - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
  - Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
  - Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds *Check one:*
- Funds will be available for distribution to unsecured creditors.
  - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |                                  |   |  |
|----------------------------------|---|--|
| <input type="checkbox"/> 1-49    | <input checked="" type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99   | <input type="checkbox"/> 5001-10,000            | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000          | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 |   |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000          | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000    | <input type="checkbox"/> \$10,000,001 - \$50 million           | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000   | <input type="checkbox"/> \$50,000,001 - \$100 million          | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million         | <input type="checkbox"/> More than \$50 billion          |

Debtor **Florida Folder Service, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  
I have been authorized to file this petition on behalf of the debtor.  
I have examined the information in this petition and have a reasonable belief that the information is true and correct.  
I declare under penalty of perjury that the foregoing is true and correct.  
Executed on **November 6, 2017**  
MM / DD / YYYY

**X /s/ Terry McDonough**  
Signature of authorized representative of debtor  
Title **President**

**Terry McDonough**  
Printed name

**18. Signature of attorney**

**X /s/ Jason A. Burgess**  
Signature of attorney for debtor

Date **November 6, 2017**  
MM / DD / YYYY

**Jason A. Burgess 40757**  
Printed name

**The Law Offices of Jason A. Burgess, LLC**  
Firm name

**1855 Mayport Road  
Atlantic Beach, FL 32233**  
Number, Street, City, State & ZIP Code

Contact phone \_\_\_\_\_ Email address \_\_\_\_\_

**40757**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 6, 2017

**X /s/ Terry McDonough**  
Signature of individual signing on behalf of debtor

**Terry McDonough**  
Printed name

**President**  
Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **Florida Folder Service, Inc.**  
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**  
 Case number (if known): \_\_\_\_\_

Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
American Express PO Box 650448 Dallas, TX 75265		Credit Card	Disputed			\$51,622.14
American Express PO Box 360002 Fort Lauderdale, FL 33336		Credit Cards	Disputed			\$39,673.11
Bright House PO Box 30574 Tampa, FL 33630		Utilities				\$6,967.77
BSC Aquisition Sub Collectio PO Box 733182 Dallas, TX 75373		Supplier				\$10,289.30
BZ Mailing Services 1901 Mason Ave #103 Daytona Beach, FL 32117		Supplier				\$11,260.95
Colorcards2go PO Box 10270 Daytona Beach, FL 32120		Supplier				\$5,330.60
Eastman Kodak Company PO Box 640350 Pittsburgh, PA 15264		Vendor				\$23,309.56
Florida Heath Care Plans PO Box 9910 Daytona Beach, FL 32120		Insurance				\$11,902.88
Internal Revenue Service 400 West Bay Street Jacksonville, FL 32202		Payroll Taxes				Unknown

Debtor **Florida Folder Service, Inc.**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
MAC Papers PO Box 930513 Atlanta, GA 31193		Supplier				\$30,398.79
McDonough Properties 1808 Concept Court Daytona Beach, FL 32114		Past Due Rent				\$77,000.00
Orlando Events Center 8701 Mairland Summit Blvd Orlando, FL 32810		Vendor				\$45,000.00
Right Freight Solutions PO Box 35783 Greensboro, NC 27425		Shipping				\$5,569.57
Superior Printing Ink Co 100 North Street Teterboro, NJ 07608		Supplier				\$5,255.38
Unisource Worldwide PO Box 409884 Atlanta, GA 30384		Supplier	Disputed			\$18,258.09
Veritiv Operating Company P.O. Box 677319 Dallas, TX 75267		Supplier	Disputed			\$46,914.34
Volusia County Tax Collector 123 W. Indiana Avenue Deland, FL 32720		2016				Unknown
Xerox Corp PO Box 827598 Philadelphia, PA 19182		Past Due Lease	Disputed			\$25,122.14
Xpedx PO Box 677319 Dallas, TX 75267		Supplier	Disputed			\$45,972.30
YP PO Box 5010 Carol Stream, IL 60197		Advertising	Disputed			\$5,348.19

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>843,347.44</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>843,347.44</u>

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>444,314.17</u>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>78,117.02</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>519,614.48</u>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>1,042,045.67</u>



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Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

# Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest  
**\$100.00**

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)  
 Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Gateway Bank Checking 5626 \$5,382.86

3.2. Seacoast Bank Checking  \$98.56

3.3. Florida Community Bank Checking  \$3,815.26

3.4. TD Bank (Negative Balance) Checking  \$0.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$9,396.68**

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

Debtor Florida Folder Service, Inc.  
Name

Case number (If known) \_\_\_\_\_

- No. Go to Part 3.
- Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. Security Deposits (Florida Power and Light) \$11,350.76

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$11,350.76

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- No. Go to Part 4.
- Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less: 123,313.11 - 23,313.11 = .... \$100,000.00  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 0.00 - 0.00 = .... Unknown  
face amount doubtful or uncollectible accounts

11a. 90 days old or less: 2,700.00 - 0.00 = .... \$2,700.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 13,916.43 - 13,916.43 = .... \$0.00  
face amount doubtful or uncollectible accounts

**12. Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$102,700.00

**Part 4: Investments**

**13. Does the debtor own any investments?**

- No. Go to Part 5.
- Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
- Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Florida Folder Service, Inc. Case number (If known) \_\_\_\_\_  
 Name

19. **Raw materials**  
**Inventory Raw Materials**  
**(Papers)** \_\_\_\_\_ **\$0.00** \_\_\_\_\_ **\$1,700.00**

20. **Work in progress**  
 21. **Finished goods, including goods held for resale**  
**Vending Machine**  
**Inventory** \_\_\_\_\_ **\$0.00** \_\_\_\_\_ **\$200.00**

22. **Other inventory or supplies**  
 23. **Total of Part 5.** **\$1,900.00**  
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**  
 No  
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**  
 No  
 Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**  
 No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**  
 No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>Office Furniture and Fixtures (See Seperate Notice of Filing)</b>	<b>\$0.00</b>		<b>\$12,000.00</b>
40. <b>Office fixtures</b>			
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Computers, Servers, and Computer Equipment (See Seperate Notice of Filing)</b>	<b>\$0.00</b>		<b>\$3,550.00</b>

Debtor Florida Folder Service, Inc. Case number (if known) \_\_\_\_\_  
 Name

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$15,550.00  
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**  
 No  
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**  
 No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
- Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1. <b>2015 Nissan Murano VIN:</b> <u>5N1AZ2MG9FN220824</u>	<u>\$0.00</u>		<u>\$18,900.00</u>
47.2. <b>2005 International 4300 VIN:</b> <u>1HTMMAAM65H119177</u>	<u>\$0.00</u>		<u>\$10,000.00</u>
47.3. <b>2015 Hyundai Elantra VIN:</b> <u>5NPDH4AE1FH620718</u>	<u>\$0.00</u>		<u>\$8,000.00</u>
47.4. <b>2012 Nissan NV2500 VIN:</b> <u>1N6AF0LY9CN104916</u>	<u>\$0.00</u>		<u>\$11,000.00</u>
47.5. <b>2012 Nissan NV3500 VIN:</b> <u>1N6AFOLY1CN101055</u>	<u>\$0.00</u>		<u>\$11,000.00</u>
47.6. <b>2012 Nissan NV3500 VIN:</b> <u>1N6AFOLY9CN108061</u>	<u>\$0.00</u>		<u>\$11,000.00</u>
47.7. <b>2012 Nissan NV3500 VIN:</b> <u>1N6AFOLY8CN107709</u>	<u>\$0.00</u>		<u>\$11,000.00</u>

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor Florida Folder Service, Inc.  
Name

Case number (If known) \_\_\_\_\_

**Printing Equipment (See Seperate Notice of Filing)**

**\$0.00**

**\$621,550.00**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$702,450.00**

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- No  
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- No  
 Yes

**Part 9: Real property**

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties</b>			
63. <b>Customer lists, mailing lists, or other compilations</b>			
64. <b>Other intangibles, or intellectual property</b>			
65. <b>Goodwill</b>			
<b>Goodwill</b>	<b>\$115,395.00</b>		<b>Unknown</b>

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)**

- No  
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No  
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- No  
 Yes

Debtor Florida Folder Service, Inc.  
Name

Case number (If known) \_\_\_\_\_

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor Florida Folder Service, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$9,396.68</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$11,350.76</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$102,700.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$1,900.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$15,550.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$702,450.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$843,347.44</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$843,347.44</b>

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A	Column B
		Amount of claim	Value of collateral that supports this claim
		Do not deduct the value of collateral.	
<p><b>2.1 BB&amp;T</b></p> <p>Creditor's Name</p> <p><b>200 W. 2nd St Winston Salem, NC 27101</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <b>2015</b></p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>2015 Hyundai Elantra VIN: 5NPDH4AE1FH620718</b></p> <hr/> <p>Describe the lien</p> <p><b>Purchase Money Security</b></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>\$8,993.00</b></p>	<p><b>\$8,000.00</b></p>

<p><b>2.2 Fifth Third Bank</b></p> <p>Creditor's Name</p> <p><b>38 Fountain Square Plaza Cincinnati, OH 45263</b></p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred <b>01/2016</b></p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien</p> <p><b>All Assets of Debtor</b></p> <hr/> <p>Describe the lien</p> <p><b>Non-Purchase Money Security</b></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	<p><b>\$107,398.41</b></p>	<p><b>Unknown</b></p>
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Debtor Florida Folder Service, Inc. Case number (if know) \_\_\_\_\_  
Name

- No  
 Yes. Specify each creditor, including this creditor and its relative priority.
- Contingent  
 Unliquidated  
 Disputed

<p><b>2.3 Nissan Motor Acceptance</b>  <small>Creditor's Name</small></p> <p><b>8900 Freeport Parkway</b>  <b>Irving, TX 75063</b>  <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b>  <b>2015 Nissan Murano VIN:</b>  <b>5N1AZ2MG9FN220824</b></p> <hr/> <p><b>Describe the lien</b>  <b>Purchase Money Security</b>  <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b>  Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><b>\$19,544.76</b></p>	<p><b>\$18,900.00</b></p>
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<p><b>2.4 Seacoast National Bank</b>  <small>Creditor's Name</small></p> <p><b>815 Colorado Avenue</b>  <b>Stuart, FL 34994</b>  <small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p><b>Date debt was incurred</b>  <b>2006</b></p> <p><b>Last 4 digits of account number</b></p> <p><b>Do multiple creditors have an interest in the same property?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><b>Describe debtor's property that is subject to a lien</b>  <b>Various Equipment</b></p> <hr/> <p><b>Describe the lien</b>  <b>Purchase Money Security</b>  <b>Is the creditor an insider or related party?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b>  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><b>As of the petition filing date, the claim is:</b>  Check all that apply  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>	<p><b>\$308,378.00</b></p>	<p><b>Unknown</b></p>
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3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$444,314.17**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **Florida Folder Service, Inc.**  
Name

Case number (if know) \_\_\_\_\_

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Graydon Head & Ritchey LLP**  
**7759 University Dr. #A**  
**West Chester, OH 45069**

Line 2.2

**Gunster Yoakley**  
**200 S. Orange Avenue**  
**Suite 1400**  
**Orlando, FL 32801**

Line 2.4

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206E/F**  
**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount	
2.1	Priority creditor's name and mailing address <b>Florida Dept. of Revenue</b> <b>5050 West Tennessee Street</b> <b>Tallahassee, FL 32399</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Sales Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>	<b>Unknown</b>
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>400 West Bay Street</b> <b>Jacksonville, FL 32202</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Payroll Taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$69,117.02</b>	<b>Unknown</b>

Debtor	<b>Florida Folder Service, Inc.</b> <small>Name</small>	Case number (if known)	
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2.3	Priority creditor's name and mailing address <b>Volusia County Tax Collector</b> <b>123 W. Indiana Avenue</b> <b>Deland, FL 32720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,000.00</b> <b>Unknown</b>
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Date or dates debt was incurred	Basis for the claim: <b>2016</b>
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Last 4 digits of account number	Is the claim subject to offset?
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <b>AA Accurate Truck &amp; Tire</b> <b>1644 N US Highway 1</b> <b>Ormond Beach, FL 32174</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,180.64</b>
3.2	Nonpriority creditor's name and mailing address <b>Aflac</b> <b>1932 Wynnton Road</b> <b>Columbus, GA 31999</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Insurance</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,103.92</b>
3.3	Nonpriority creditor's name and mailing address <b>American Express</b> <b>PO Box 650448</b> <b>Dallas, TX 75265</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Credit Card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,622.14</b>
3.4	Nonpriority creditor's name and mailing address <b>American Express</b> <b>PO Box 360002</b> <b>Fort Lauderdale, FL 33336</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Credit Cards</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,673.11</b>
3.5	Nonpriority creditor's name and mailing address <b>American Label Group</b> <b>PO Box 85488</b> <b>Westland, MI 48185</b>  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>

Debtor Florida Folder Service, Inc. Case number (if known) \_\_\_\_\_  
Name

3.6 Nonpriority creditor's name and mailing address **Babbitt's Bindery**  
**709 Commerce Circle**  
**Longwood, FL 32750**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset?  No  Yes

**Unknown**

3.7 Nonpriority creditor's name and mailing address **Bright House**  
**PO Box 30574**  
**Tampa, FL 33630**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Utilities**

Is the claim subject to offset?  No  Yes

**\$6,967.77**

3.8 Nonpriority creditor's name and mailing address **BSC Aquisition Sub Collectio**  
**PO Box 733182**  
**Dallas, TX 75373**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Supplier**

Is the claim subject to offset?  No  Yes

**\$10,289.30**

3.9 Nonpriority creditor's name and mailing address **BZ Mailing Services**  
**1901 Mason Ave #103**  
**Daytona Beach, FL 32117**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Supplier**

Is the claim subject to offset?  No  Yes

**\$11,260.95**

3.10 Nonpriority creditor's name and mailing address **Chase Cardmember Services**  
**PO Box 15153**  
**Wilmington, DE 19886**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Credit Card**

Is the claim subject to offset?  No  Yes

**\$1,219.20**

3.11 Nonpriority creditor's name and mailing address **Cintas Corporation**  
**1844 Holsonback Drive**  
**Daytona Beach, FL 32117**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset?  No  Yes

**\$537.42**

3.12 Nonpriority creditor's name and mailing address **Claudette Haddad-McDonough**  
**25 Coquina Ridge Way**  
**Ormond Beach, FL 32174**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.*  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: **Various Loans**

Is the claim subject to offset?  No  Yes

**Unknown**

Debtor Florida Folder Service, Inc. Case number (if known) \_\_\_\_\_  
Name

3.13 Nonpriority creditor's name and mailing address **Colorcards2go**  
**1808 Concept Court**  
**Daytona Beach, FL 32114**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$3,196.85**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Supplier  
 Is the claim subject to offset?  No  Yes

3.14 Nonpriority creditor's name and mailing address **Colorcards2go**  
**PO Box 10270**  
**Daytona Beach, FL 32120**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$5,330.60**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Supplier  
 Is the claim subject to offset?  No  Yes

3.15 Nonpriority creditor's name and mailing address **Copy Fax of Mid-Florida**  
**771 Fentress Blvd**  
**Suite 10**  
**Daytona Beach, FL 32114**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$480.97**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Vendor  
 Is the claim subject to offset?  No  Yes

3.16 Nonpriority creditor's name and mailing address **Data Business Systems**  
**230 Route 206 So**  
**Bldg 3 Suite 1**  
**Flanders, NJ 07836**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$868.93**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Vendor  
 Is the claim subject to offset?  No  Yes

3.17 Nonpriority creditor's name and mailing address **DFS Group**  
**PO Box 88042**  
**Chicago, IL 60680**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Vendor  
 Is the claim subject to offset?  No  Yes

3.18 Nonpriority creditor's name and mailing address **Discover**  
**PO Box 71084**  
**Charlotte, NC 28272**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$1,285.22**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Credit Card  
 Is the claim subject to offset?  No  Yes

3.19 Nonpriority creditor's name and mailing address **Eastman Kodak Company**  
**PO Box 640350**  
**Pittsburgh, PA 15264**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

As of the petition filing date, the claim is: *Check all that apply.* **\$23,309.56**  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: Vendor  
 Is the claim subject to offset?  No  Yes

Debtor Florida Folder Service, Inc. Case number (if known) \_\_\_\_\_  
Name

3.20 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,591.11**  
**EFI Electronics**  
**PO Box 742366**  
**Los Angeles, CA 90074**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Vendor  
 Is the claim subject to offset?  No  Yes

3.21 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
**Enterprise Fleet Management**  
**PO Box 800089**  
**Kansas City, MO 64180**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Notice Only  
 Is the claim subject to offset?  No  Yes

3.22 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **Unknown**  
**Federal Express Corp**  
**PO Box 660481**  
**Dallas, TX 75266**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Vendor  
 Is the claim subject to offset?  No  Yes

3.23 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$11,902.88**  
**Florida Heath Care Plans**  
**PO Box 9910**  
**Daytona Beach, FL 32120**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Insurance  
 Is the claim subject to offset?  No  Yes

3.24 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$4,081.63**  
**Florida Power & Light**  
**General Mail Facility**  
**Miami, FL 33188**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Utilities  
 Is the claim subject to offset?  No  Yes

3.25 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$3,511.62**  
**Florida Southern Plywood**  
**PO Box 61267**  
**Jacksonville, FL 32236**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Supplier  
 Is the claim subject to offset?  No  Yes

3.26 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** *Check all that apply.* **\$1,150.11**  
**FUJIFILM**  
**200 North Cobb Parkway**  
**Building 100 Suite 126**  
**Marietta, GA 30062**  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
 Contingent  
 Unliquidated  
 Disputed  
**Basis for the claim:** Vendor  
 Is the claim subject to offset?  No  Yes

Debtor Name	Case number (if known)
<b>Florida Folder Service, Inc.</b> Name 3.27 Nonpriority creditor's name and mailing address <b>GE Richards Graphic Supplies</b> <b>PO Box 339</b> <b>Landisville, PA 17538</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,282.01</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address <b>Gordon J. Price</b> <b>c/o Richard A. Price, Esq.</b> <b>P.O. Box 350906</b> <b>Palm Coast, FL 32135</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Former Employee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29 Nonpriority creditor's name and mailing address <b>Graphics IV</b> <b>572 South Econ Circle</b> <b>Ste 1000</b> <b>Oviedo, FL 32765</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$54.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address <b>Heidelberg USA</b> <b>PO Box 5160</b> <b>Carol Stream, IL 60197</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,100.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31 Nonpriority creditor's name and mailing address <b>Innovative Graphic Solutions</b> <b>1781 Congressman Dickinson D</b> <b>Montgomery, AL 36109</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$26.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address <b>Jim Hodak</b> <b>15 Huntington Place</b> <b>Ormond Beach, FL 32174</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$4,500.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33 Nonpriority creditor's name and mailing address <b>Lincoln National Life Insura</b> <b>PO Box 0821</b> <b>Carol Stream, IL 60132</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$3,234.59</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



Debtor	Name	Case number (if known)
	<b>Florida Folder Service, Inc.</b>	
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Lowe's Business Account</b> <b>PO Box 530970</b> <b>Atlanta, GA 30353</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>MAC Papers</b> <b>PO Box 930513</b> <b>Atlanta, GA 31193</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$30,398.79</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Massey Services</b> <b>PO Box 547668</b> <b>Orlando, FL 32854</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>McDonough Properties</b> <b>1808 Concept Court</b> <b>Daytona Beach, FL 32114</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$77,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Past Due Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Orlando Events Center</b> <b>8701 Mairland Summit Blvd</b> <b>Orlando, FL 32810</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$45,000.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Printers Edge M&amp;W Equity Par</b> <b>6229 Edgewater Drive</b> <b>Suite 400</b> <b>Orlando, FL 32810</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,943.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Realto Capital</b> <b>790 NW 107th Avenue</b> <b>Ste. 400</b> <b>Miami, FL 33172</b> Date(s) debt was incurred __ Last 4 digits of account number __	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Notice Only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Florida Folder Service, Inc.</b> Name <hr/> 3.41 Nonpriority creditor's name and mailing address <b>Ricoh USA</b> <b>PO Box 827577</b> <b>Philadelphia, PA 19182</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,188.61</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address <b>Right Freight Solutions</b> <b>PO Box 35783</b> <b>Greensboro, NC 27425</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$5,569.57</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Shipping</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43 Nonpriority creditor's name and mailing address <b>River Cities Printing</b> <b>PO Box 2968</b> <b>Huntington, WV 25728</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$972.02</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address <b>Roosevelt Paper Company</b> <b>PO Box 785175</b> <b>Philadelphia, PA 19178</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,916.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45 Nonpriority creditor's name and mailing address <b>Signs Unlimited Sea</b> <b>618 South Magnolia Ave</b> <b>Ocala, FL 34471</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,025.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46 Nonpriority creditor's name and mailing address <b>Southeast Finishing Group</b> <b>2807 Mercy Drive</b> <b>Orlando, FL 32808</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,084.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address <b>Superior Printing Ink Co</b> <b>100 North Street</b> <b>Teterboro, NJ 07608</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$5,255.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Case number (if known)
<b>Florida Folder Service, Inc.</b> Name 3.48 Nonpriority creditor's name and mailing address <b>Tampa Bay Coatings</b> <b>3228 Morris Street North</b> <b>Saint Petersburg, FL 33713</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$700.01</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49 Nonpriority creditor's name and mailing address <b>Terry D. McDonough</b> <b>25 Coquina Ridge Way</b> <b>Ormond Beach, FL 32174</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Past Due Salary</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50 Nonpriority creditor's name and mailing address <b>Tyco Integrated Security</b> <b>PO Box 371967</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,146.53</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51 Nonpriority creditor's name and mailing address <b>Uline Inc</b> <b>PO Box 88741</b> <b>Chicago, IL 60680</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,645.48</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52 Nonpriority creditor's name and mailing address <b>Unisource Worldwide</b> <b>PO Box 409884</b> <b>Atlanta, GA 30384</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$18,258.09</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53 Nonpriority creditor's name and mailing address <b>United Parcel Service</b> <b>PO Box 7247-0244</b> <b>Philadelphia, PA 19170</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$857.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Shipping</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54 Nonpriority creditor's name and mailing address <b>Veritiv Operating Company</b> <b>P.O. Box 677319</b> <b>Dallas, TX 75267</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$46,914.34</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Supplier</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Florida Folder Service, Inc. Case number (if known) \_\_\_\_\_  
Name

3.55 Nonpriority creditor's name and mailing address **Wells Fargo** **PO Box 6426** **Carol Stream, IL 60197** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Notice Only  
 Is the claim subject to offset?  No  Yes

3.56 Nonpriority creditor's name and mailing address **Wexler Packaging Products** **777 M Schwab Road** **Hatfield, PA 19440** **As of the petition filing date, the claim is:** *Check all that apply.* **\$536.22**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Supplier  
 Is the claim subject to offset?  No  Yes

3.57 Nonpriority creditor's name and mailing address **Wright Express Credit Card** **33548 Reasury Center** **Chicago, IL 60694** **As of the petition filing date, the claim is:** *Check all that apply.* **\$0.00**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Credit Card  
 Is the claim subject to offset?  No  Yes

3.58 Nonpriority creditor's name and mailing address **Xerox Corp** **PO Box 827598** **Philadelphia, PA 19182** **As of the petition filing date, the claim is:** *Check all that apply.* **\$25,122.14**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Past Due Lease  
 Is the claim subject to offset?  No  Yes

3.59 Nonpriority creditor's name and mailing address **Xpedx** **PO Box 677319** **Dallas, TX 75267** **As of the petition filing date, the claim is:** *Check all that apply.* **\$45,972.30**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Supplier  
 Is the claim subject to offset?  No  Yes

3.60 Nonpriority creditor's name and mailing address **YP** **PO Box 5010** **Carol Stream, IL 60197** **As of the petition filing date, the claim is:** *Check all that apply.* **\$5,348.19**  
 Contingent  
 Unliquidated  
 Disputed  
 Date(s) debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_  
**Basis for the claim:** Advertising  
 Is the claim subject to offset?  No  Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>AGA</b> <b>740 Walk Whitman Road</b> <b>Melville, NY 11747</b>	Line <u>3.41</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Debtor	Name	Case number (if known)	
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.2	<b>Alltran Financial</b> P.O. Box 722929 Houston, TX 77272	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>American Label Group, Inc.</b> 705 Fentress Blvd. Daytona Beach, FL 32114	Line <u>3.5</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>Canadian Credit Corp.</b> 620 rue Bord-du-Lac, Ste 200 Doral, QC H9S 2B6	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>CCC</b> 1021 Aurora Ave. Naperville, IL 60540	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>Creditors Recovery Systems</b> 212 West St. Charles Road Villa Park, IL 60181	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>EFI, Inc.</b> 1902 2nd Avenue N. Jacksonville Beach, FL 32250	Line <u>3.20</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	<b>Eric Zwiebel</b> 7900 Peters Road Building B, Ste. 100 Fort Lauderdale, FL 33324	Line <u>3.58</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	<b>First Collection Services</b> P.O. Box 3564 Little Rock, AR 72203	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	<b>First Collection Services</b> 10925 Otter Creek E. Blvd. Mabelvale, AR 72103	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	<b>Levy Diamond</b> P.O. Box 352 Milford, CT 06460	Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	<b>Marcadis Singer PA</b> 5104 South Westshore Blvd. Tampa, FL 33611	Line <u>3.54</u> <input type="checkbox"/> Not listed. Explain _____	—
4.13	<b>North Shore Agency</b> 270 Spagnoli Road Ste. 110 Melville, NY 11747	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—
4.14	<b>Pappanastros Law</b> P.O. Box 950 Lady Lake, FL 32158	Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____	—

Debtor Name	Case number (if known)	
Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.15 <b>Rhett Frimet PC</b> 10 East 40th Street 46th Floor New York, NY 10016	Line <u>3.44</u> <input type="checkbox"/> Not listed. Explain _____	—
4.16 <b>RREF II CB Acquisitions, LLC</b> 790 NW 107TH AVE Ste. 400 Miami, FL 33172	Line <u>3.40</u> <input type="checkbox"/> Not listed. Explain _____	—
4.17 <b>Synter Resource Group</b> 5935 Rivers Ave. Ste 102 Charleston, SC 29406	Line <u>3.22</u> <input type="checkbox"/> Not listed. Explain _____	—
4.18 <b>Taulbee, Rushing, Snipes</b> P.O. Box 327 Statesboro, GA 30458	Line <u>3.60</u> <input type="checkbox"/> Not listed. Explain _____	—
4.19 <b>William Lindeman PA</b> 200 East Robinson Street Suite 290 Orlando, FL 32801	Line <u>3.47</u> <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>78,117.02</u>
5b. Total claims from Part 2	5b. + \$ <u>519,614.48</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>597,731.50</u>

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* *Property*  
 (Official Form 206A/B).

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Various Printing Equipment**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Xerox Corporation  
 1301 Ridgeview Blvd. Ste 300  
 Lewisville, TX 75057**

**Fill in this information to identify the case:**

Debtor name Florida Folder Service, Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF FLORIDA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206H  
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Claudette D. McDonough	25 Coquina Ridge Way Ormond Beach, FL 32174	Seacoast National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2	Claudette D. McDonough	25 Coquina Ridge Way Ormond Beach, FL 32174	Fifth Third Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3	Claudette D. McDonough	25 Coquina Ridge Way Ormond Beach, FL 32174	BB&T	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4	Terry D. McDonough	25 Coquina Ridge Way Ormond Beach, FL 32174	Seacoast National Bank	<input checked="" type="checkbox"/> D <u>2.4</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5	Terry D. McDonough	25 Coquina Ridge Way Ormond Beach, FL 32174	Fifth Third Bank	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____



**United States Bankruptcy Court  
Middle District of Florida**

In re Florida Folder Service, Inc.

Debtor(s)

Case No.

Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Terry D. McDonough 25 Coquina Ridge Way Ormond Beach, FL 32174</b>		<b>100%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date November 6, 2017

Signature /s/ Terry McDonough  
Terry McDonough

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Middle District of Florida**

In re Florida Folder Service, Inc.

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11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: November 6, 2017

/s/ Terry McDonough

**Terry McDonough/President**

Signer/Title

Florida Folder Service, Inc.  
P.O. Box 10270  
Daytona Beach, FL 32120

American Label Group, Inc.  
705 Fentress Blvd.  
Daytona Beach, FL 32114

Cintas Corporation  
1844 Holsonback Drive  
Daytona Beach, FL 32117

Jason A. Burgess  
The Law Offices of Jason A. Burgess, LLC  
1855 Mayport Road  
Atlantic Beach, FL 32233

Babbitt's Bindery  
709 Commerce Circle  
Longwood, FL 32750

Claudette D. McDonough  
25 Coquina Ridge Way  
Ormond Beach, FL 32174

AA Accurate Truck & Tire  
1644 N US Highway 1  
Ormond Beach, FL 32174

BB&T  
200 W. 2nd St  
Winston Salem, NC 27101

Claudette Haddad-McDonough  
25 Coquina Ridge Way  
Ormond Beach, FL 32174

Aflac  
1932 Wynnton Road  
Columbus, GA 31999

Bright House  
PO Box 30574  
Tampa, FL 33630

Colorcards2go  
1808 Concept Court  
Daytona Beach, FL 32114

AGA  
740 Walk Whitman Road  
Melville, NY 11747

BSC Aquisition Sub Collectio  
PO Box 733182  
Dallas, TX 75373

Colorcards2go  
PO Box 10270  
Daytona Beach, FL 32120

Alltran Financial  
P.O. Box 722929  
Houston, TX 77272

BZ Mailing Services  
1901 Mason Ave #103  
Daytona Beach, FL 32117

Copy Fax of Mid-Florida  
771 Fentress Blvd  
Suite 10  
Daytona Beach, FL 32114

American Express  
PO Box 650448  
Dallas, TX 75265

Canadian Credit Corp.  
620 rue Bord-du-Lac, Ste 200  
Doral, QC  
H9S 2B6

Creditors Recovery Systems  
212 West St. Charles Road  
Villa Park, IL 60181

American Express  
PO Box 360002  
Fort Lauderdale, FL 33336

CCC  
1021 Aurora Ave.  
Naperville, IL 60540

Data Business Systems  
230 Route 206 So  
Bldg 3 Suite 1  
Flanders, NJ 07836

American Label Group  
PO Box 85488  
Westland, MI 48185

Chase Cardmember Services  
PO Box 15153  
Wilmington, DE 19886

DFS Group  
PO Box 88042  
Chicago, IL 60680

Discover  
PO Box 71084  
Charlotte, NC 28272

First Collection Services  
10925 Otter Creek E. Blvd.  
Mabelvale, AR 72103

Graydon Head & Ritchey LLP  
7759 University Dr. #A  
West Chester, OH 45069

Eastman Kodak Company  
PO Box 640350  
Pittsburgh, PA 15264

Florida Dept. of Revenue  
5050 West Tennessee Street  
Tallahassee, FL 32399

Gunster Yoakley  
200 S. Orange Avenue  
Suite 1400  
Orlando, FL 32801

EFI Electronics  
PO Box 742366  
Los Angeles, CA 90074

Florida Heath Care Plans  
PO Box 9910  
Daytona Beach, FL 32120

Heidelberg USA  
PO Box 5160  
Carol Stream, IL 60197

EFI, Inc.  
1902 2nd Avenue N.  
Jacksonville Beach, FL 32250

Florida Power & Light  
General Mail Facility  
Miami, FL 33188

Innovative Graphic Solutions  
1781 Congressman Dickinson D  
Montgomery, AL 36109

Enterprise Fleet Management  
PO Box 800089  
Kansas City, MO 64180

Florida Southern Plywood  
PO Box 61267  
Jacksonville, FL 32236

Internal Revenue Service  
400 West Bay Street  
Jacksonville, FL 32202

Eric Zwiebel  
7900 Peters Road  
Building B, Ste. 100  
Fort Lauderdale, FL 33324

FUJIFILM  
200 North Cobb Parkway  
Building 100 Suite 126  
Marietta, GA 30062

Jim Hodak  
15 Huntington Place  
Ormond Beach, FL 32174

Federal Express Corp  
PO Box 660481  
Dallas, TX 75266

GE Richards Graphic Supplies  
PO Box 339  
Landisville, PA 17538

Levy Diamond  
P.O. Box 352  
Milford, CT 06460

Fifth Third Bank  
38 Fountain Square Plaza  
Cincinnati, OH 45263

Gordon J. Price  
c/o Richard A. Price, Esq.  
P.O. Box 350906  
Palm Coast, FL 32135

Lincoln National Life Insura  
PO Box 0821  
Carol Stream, IL 60132

First Collection Services  
P.O. Box 3564  
Little Rock, AR 72203

Graphics IV  
572 South Econ Circle  
Ste 1000  
Oviedo, FL 32765

Lowe's Business Account  
PO Box 530970  
Atlanta, GA 30353

MAC Papers  
PO Box 930513  
Atlanta, GA 31193

Realto Capital  
790 NW 107th Avenue  
Ste. 400  
Miami, FL 33172

Southeast Finishing Group  
2807 Mercy Drive  
Orlando, FL 32808

Marcadis Singer PA  
5104 South Westshore Blvd.  
Tampa, FL 33611

Rhett Frimet PC  
10 East 40th Street  
46th Floor  
New York, NY 10016

Superior Printing Ink Co  
100 North Street  
Teterboro, NJ 07608

Massey Services  
PO Box 547668  
Orlando, FL 32854

Ricoh USA  
PO Box 827577  
Philadelphia, PA 19182

Synter Resource Group  
5935 Rivers Ave.  
Ste 102  
Charleston, SC 29406

McDonough Properties  
1808 Concept Court  
Daytona Beach, FL 32114

Right Freight Solutions  
PO Box 35783  
Greensboro, NC 27425

Tampa Bay Coatings  
3228 Morris Street North  
Saint Petersburg, FL 33713

Nissan Motor Acceptance  
8900 Freeport Parkway  
Irving, TX 75063

River Cities Printing  
PO Box 2968  
Huntington, WV 25728

Taulbee, Rushing, Snipes  
P.O. Box 327  
Statesboro, GA 30458

North Shore Agency  
270 Spagnoli Road  
Ste. 110  
Melville, NY 11747

Roosevelt Paper Company  
PO Box 785175  
Philadelphia, PA 19178

Terry D. McDonough  
25 Coquina Ridge Way  
Ormond Beach, FL 32174

Orlando Events Center  
8701 Mairland Summit Blvd  
Orlando, FL 32810

RREF II CB Acquisitions, LLC  
790 NW 107TH AVE  
Ste. 400  
Miami, FL 33172

Tyco Integrated Security  
PO Box 371967  
Pittsburgh, PA 15250

Pappanastros Law  
P.O. Box 950  
Lady Lake, FL 32158

Seacoast National Bank  
815 Colorado Avenue  
Stuart, FL 34994

Uline Inc  
PO Box 88741  
Chicago, IL 60680

Printers Edge M&W Equity Par  
6229 Edgewater Drive  
Suite 400  
Orlando, FL 32810

Signs Unlimited Sea  
618 South Magnolia Ave  
Ocala, FL 34471

Unisource Worldwide  
PO Box 409884  
Atlanta, GA 30384

United Parcel Service  
PO Box 7247-0244  
Philadelphia, PA 19170

Xpedx  
PO Box 677319  
Dallas, TX 75267

Veritiv Operating Company  
P.O. Box 677319  
Dallas, TX 75267

YP  
PO Box 5010  
Carol Stream, IL 60197

Volusia County Tax Collector  
123 W. Indiana Avenue  
Deland, FL 32720

Wells Fargo  
PO Box 6426  
Carol Stream, IL 60197

Wexler Packaging Products  
777 M Schwab Road  
Hatfield, PA 19440

William Lindeman PA  
200 East Robinson Street  
Suite 290  
Orlando, FL 32801

Wright Express Credit Card  
33548 Reasury Center  
Chicago, IL 60694

Xerox Corp  
PO Box 827598  
Philadelphia, PA 19182

Xerox Corporation  
1301 Ridgeview Blvd. Ste 300  
Lewisville, TX 75057

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**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Florida Folder Service, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

November 6, 2017

Date

/s/ Jason A. Burgess

Jason A. Burgess 40757

Signature of Attorney or Litigant

Counsel for Florida Folder Service, Inc.

The Law Offices of Jason A. Burgess, LLC

1855 Mayport Road  
Atlantic Beach, FL 32233