

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:41

DOCUMENT # 421602 (4)

1. Corporation Name
MID-FLORIDA LAND & TIMBER CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**214 NE 4TH STREET
DELRAY BEACH FL 33444** **214 NE 4TH STREET
DELRAY BEACH FL 33444**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 3a. Date of Last Report
03/19/1973 **05/01/1994**

4. FEI Number Applied For
59-1458950 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

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 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOCH, WILLIAM F., JR.
900 EAST ATLANTIC AVENUE
DELRAY BEACH 33444**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERLIS, DOUGLAS A.
STREET ADDRESS	145 KING STREET, W.
CITY - ST - ZIP	TORONTO, CANADA
TITLE	TAS
NAME	GWYNN, WILLIAM E.
STREET ADDRESS	214 NE 4TH STREET
CITY - ST - ZIP	DELRAY BCH FL
TITLE	VD
NAME	KOCH, WM. F, JR
STREET ADDRESS	900 E ATLANTIC AVE #14
CITY - ST - ZIP	DELRAY BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Koch, William F. Jr.
1.3 STREET ADDRESS	900 E Atlantic Ave., #14
1.4 CITY - ST - ZIP	Delray Beach, FL 33483
2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Strawn, Joel T.
2.3 STREET ADDRESS	54 N.E. 4th Avenue
2.4 CITY - ST - ZIP	Delray Beach, FL 33483
3.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gwynn, William E.
3.3 STREET ADDRESS	214 N.E. 4th Avenue
3.4 CITY - ST - ZIP	Delray Beach, FL 33444
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 is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William E. Gwynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95
Date

407-276-6116
Telephone Number