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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 07 1997 8:00am

Secretary of State

Daytime Phone #

LIGABET BIRTH CORNE CORNE BERGE BRANK SERN BERGE BERGE BERGE RERE RERE BERGE BERGE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

421602

(4)

MID-FLORIDA LAND & TIMBER CORPORATION

Principal Place	of Business	Mailing Address				OTOTA OLDIN OLOGIA GABAR OLOGIA DIGIN ANDI
214 NE 4TH STREET DELRAY BEACH FL 33444		214 NE 4TH STREET DELRAY BEACH FL 3344	214 NE 4TH STREET DELRAY BEACH FL 33444-3829			
					3. Date Incorporated or Qualified	3a. Date of Last Report
					03/19/1973	03/25/1996
	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1458950	Not Applicable
Suite, Apt	#, etc.	 	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State			City & State			Fee Required
		·	28		Election Campaign Financing	\$5.00 May Be Added to Fees
23 Zip	Country	Zip	Count	v	Trust Fund Contribution 8. This corporation has liability for it	
24	25	29	30			Yes No
	g. Name and Address of Current Registered Agent			10. Name and Address of New Reg	platered Agent	
KO	CH, WILLIAM F., JR.		8	Name		
900 EAST ATLANTIC AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)		
DELRAY BEACH 33444			[_	J. Giroti Add	Toda (F.O. Dex Hamber 15 Het Hoopias	~,
,			8:			
			84	City		85 Zip Code
						FL T
office or n	egistered agent, or both, in the S	.0502 and 607.1508, Florida Statu State of Florida. Such change was abligations of, Section 607.0505, F	authorized b	v the coroora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE						
	Signature typed or printed name of registere			ent tignature requ	ured when reinstating)	DATE CONTROL IN ACCURATE
12. TITLE		AND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	PD	- Detter	1.2 NAME	Ì		
STREET ADORESS	KOCH, WILLIAM F JR.	4		T ADDRESS		
CITY-ST-ZIP	900 E. ATLANTIC AVE #1	•	1.4 CITY			
71TLF	DELRAY BEACH FL VD	DELETE	2.1 TITLE	21-TIL		Change Addition
NAME	STRAWN, JOEL T		22 NAMI	1		
STREET ADDRESS	54 NE 4TH AVENUE			T ADDRESS		
CITY ST ZIP	DELRAY BCH FL		2. 4 CITY	1		
TITLE	TS DELETE		3.1 TITLE	<u> </u>		Change Addition
NAME	GYWNN, WILLIAM E		3.2 NAMI	ľ		
STREET ADDRESS	214 NE 4TH AVENUE		3.3 STRE	T ADDRESS		
CITY - ST - 7IP	DELRAY BEACH FL		3.4. CITY	ST-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAM	:		
STREET ADDRESS			4.3 STRE	T ADDRESS		
CITY ST-ZIP			4.4 CITY	ST-ZIP		
301.6		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM			
STREET ADDRESS			5.3 STRE	Y ADDRESS		
CITY-ST-ZIP			5.4 CITY	ST-ZIP		
TITLE		DELETE	6.1 TITLE	1		Change Addition
NAME			6.2 NAM			
STREET ADDRESS			6.3 STRE	T ADDRESS		
CITY - \$1 - ZiP		and a sale and a sale and	6.4 CITY		41-0-41-4007000 50-41-6	14.46
informatio	n indicated on this annual report	or supplemental annual report is	true and acc	curate and the	ed in Section 119.07(3)(i), Florida Statutes at my signature shall have the same lega	I effect as if made under cath; that
Lam an o	fficer or director of the corporation in Block 12 or Block 13 if channe	on or the receiver or trustee empo	wered to exe ddress	cute this repo	ort as required by Chapter 607, Florida S	latutes; and that my name
		d, or on an attachment with an ac	6471	'		