FILE NOW: FILING FEE AFTER MAY 1 IS $165.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761104** **(9)**

1. Corporation Name

TREE PAC, INC.

Principal Place of Business	Mailing Address
C/ FLORIDA FORESTRY ASSOCIATION 402 E. JEFFERSON STREET. P.O. BOX 1698 TALLAHASSEE FL 32302	C/ FLORIDA FORESTRY ASSOCIATION 402 E. JEFFERSON STREET. P.O. BOX 1698 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1981
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2141178 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

LAMB, CARROLL WM.
402 EAST JEFFERSON
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Michael A. Joyner
82 Street Address (P.O. Box Number is Not Acceptable): 402 East Jefferson
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

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] Michael A. Joyner — 4/18/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	VOGEL, JOHN T.	1.2 NAME	Harold Stokes	
STREET ADDRESS	EAST DARBY ROAD	1.3 STREET ADDRESS	Rt. 1, Box 666	
CITY-ST-ZIP	SAN ANTONIO FL	1.4 CITY-ST-ZIP	Bryceville, FL 32009	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	COOK, WILLIAM K.	2.2 NAME		
STREET ADDRESS	RT. 1 BOX 1675	2.3 STREET ADDRESS		
CITY-ST-ZIP	CALLAHAN FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	GORE, D. RAY	3.2 NAME		
STREET ADDRESS	1000 OSBORNE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. MARYS GA	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	PRITCHETT, MARVIN	4.2 NAME		
STREET ADDRESS	1050 SE 6TH ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	CASON, P. D.	5.2 NAME		
STREET ADDRESS	RT. 9, BOX 544	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	VAN LOOCK, HARRY, J	6.2 NAME		
STREET ADDRESS	RT. 3, BOX 260	6.3 STREET ADDRESS		
CITY-ST-ZIP	PERRY FL	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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John T. Vogel — John T. Vogel — 4/18/95 — 904/588-2580
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR — Date — Daytime Phone #

000183