FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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 1696 TALLAHASSEE FL 32302	C/ FLORIDA FORESTRY ASSOCIATION 402 E. JEFFERSON STREET. P.O. BOX 1696 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: **12/14/1981**

3a. Date of Last Report: **04/20/1995**

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

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

JOYNER, MICHAEL A.
402 EAST JEFFERSON
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VOGEL, JOHN T.		1.2 NAME		
STREET ADDRESS	EAST DARBY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	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	☒ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	GORE, D. RAY		3.2 NAME	Harold Stokes	
STREET ADDRESS	1000 OSBORNE ST.		3.3 STREET ADDRESS	Rt. 1, Box 666	
CITY-ST-ZIP	ST. MARYS GA		3.4 CITY-ST-ZIP	Bryceville, FL 32009	
TITLE	D	☐ DELETE	4.1 TITLE	Director/President	☒ Change ☐ Addition
NAME	PRITCHETT, MARVIN		4.2 NAME	Pritchett, Marvin	
STREET ADDRESS	1050 SE 6TH ST.		4.3 STREET ADDRESS	1050 SE 6th St.	
CITY-ST-ZIP	LAKE BUTLER FL		4.4 CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE	D	☐ DELETE	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	☐ DELETE	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: Marvin H Pritchett Marvin H. Pritchett 2/16/96 904/496-2630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)