I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL T. STRAWN

Electronic Signature of Signing Officer/Director Detail

## **Current Mailing Address:**

DOCUMENT# 421602

301 W. ATLANTIC AVE.

DELRAY BEACH, FL 33444

0-3

301 W ATLANTIC AVE #O-3 DELRAY BEACH, FL 33444 US

**Current Principal Place of Business:** 

## FEI Number: 59-1458950

## Name and Address of Current Registered Agent:

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: MID-FLORIDA LAND & TIMBER CORPORATION

STRAWN, JOEL T 54 NE FOURTH AVENUE DELRAY BEACH, FL 33483 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	: JOEL T. STRAWN			03/13/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	TD	
Name	KOCH, WILLIAM F III	Name	PECARO, SYLVIA CPA	
Address	900 E. ATLANTIC AVE	Address	301 W ATLANTIC AVE #O-3	
City-State-Zip:	#4 DELRAY BEACH FL 33444	City-State-Zip:	DELRAY BEACH FL 33444	
Title	SD STRAWN, JOEL T	Title	D	
		Name	STROYAN, COLIN S	
Name		Address	BRIDGEND OF TEITH	
Address	54 NE FOURTH AVENUE		DUONE	
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	PERTHSHIRE SCOTLAND FK	16 6AD

DIRECTOR

Certificate of Status Desired: No

FILED Mar 13, 2017 Secretary of State CC3644139633

> 03/13/2017 Date