

**2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 421602

**Entity Name:** MID-FLORIDA LAND & TIMBER CORPORATION

**Current Principal Place of Business:**

301 W. ATLANTIC AVE.  
0-3  
DELRAY BEACH, FL 33444

**FILED**  
**Aug 30, 2016**  
**Secretary of State**  
**CC2996554868**

**Current Mailing Address:**

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

**FEI Number: 59-1458950**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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**

**08/30/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name KOCH, WILLIAM F III  
Address 900 E. ATLANTIC AVE  
#4  
City-State-Zip: DELRAY BEACH FL 33444

Title TD  
Name PECARO, SYLVIA CPA  
Address 301 W ATLANTIC AVE #O-3  
City-State-Zip: DELRAY BEACH FL 33444

Title SD  
Name STRAWN, JOEL T  
Address 54 NE FOURTH AVENUE  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name STROYAN, COLIN S  
Address BRIDGEND OF TEITH  
DUONE  
City-State-Zip: PERTHSHIRE SCOTLAND FK16 6AD

*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**

**SECRETARY**

**08/30/2016**

Electronic Signature of Signing Officer/Director Detail

Date