

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 421602

**FILED**  
**Mar 10, 2020**  
**Secretary of State**  
**9700700074CC**

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

**Current Principal Place of Business:**

301 W. ATLANTIC AVE.  
SUITE 03  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

301 W. ATLANTIC AVE.  
SUITE 03  
DELRAY BEACH, FL 33444 US

**FEI Number:** 59-1458950

**Certificate of Status Desired:** No

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

STRAWN, JOEL T  
1228 EGGLESTON DRIVE  
DELAND, FL 32724 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 03/10/2020  
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  
SUITE 0-3  
City-State-Zip: DELRAY BCH. FL 33444-3829

Title SD  
Name STRAWN, JOEL T  
Address 1228 EGGLESTON DRIVE  
City-State-Zip: DELAND FL 32724

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 DIRECTOR 03/10/2020  
Electronic Signature of Signing Officer/Director Detail Date