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

#### 01/28/2019 SECRETARY/DIRECTOR

# Entity Name: MID-FLORIDA LAND & TIMBER CORPORATION

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

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

DOCUMENT# 421602

#### **Current Mailing Address:**

301 W ATLANTIC AVE #O3 DELRAY BEACH, FL 33444 US

#### FEI Number: 59-1458950

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

STRAWN, JOEL T 54 NE FOURTH AVENUE DELRAY BEACH, FL 33483 US Certificate of Status Desired: No

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	E: JOEL T. STRAWN			01/28/2019
	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	Title	D	
		Name	STROYAN, COLIN S	
Name	STRAWN, JOEL T	Address	BRIDGEND OF TEITH DUONE	
Address	54 NE FOURTH AVENUE			
City-State-Zip:	DELRAY BEACH FL 33483	City-State-Zip:	PERTHSHIRE SCOTLAND FK	(16 6AD

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Date

## FILED Jan 28, 2019 Secretary of State 4642373009CC