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Apr 10 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 C/ FLORIDA FORESTRY ASSOCIATION
402 E. JEFFERSON STREET, P.O. BOX 1696 402 E. JEFFERSON STREET, P.O. BOX 1696
TALLAHASSEE FL 32302 TALLAHASSEE FL 32302-1696

3. Date Incorporated or Qualified 12/14/1981 3a. Date of Last Report 02/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2141178	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
25	30		Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOYNER, MICHAEL A.
402 EAST JEFFERSON
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
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	2.1 TITLE	
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	D	3.1 TITLE	
NAME	STOKES, HAROLD	3.2 NAME	
STREET ADDRESS	RT. 1, BOX 666	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRYCEVILLE FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	
NAME	PRITCHETT, MARVIN	4.2 NAME	
STREET ADDRESS	1050 SE 6TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
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	6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on supplemental annual report with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-97 904-496-2630

CR2E037 (9/96)