

FILE NOW: FILING FEE IS \$61.25

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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761104** (9)

1. Corporation Name

TREE PAC, INC.

Principal Place of Business C/ FLORIDA FORESTRY ASSOCIATION 402 E. JEFFERSON STREET. P.O. BOX 1696 TALLAHASSEE FL 32302	Mailing Address C/ FLORIDA FORESTRY ASSOCIATION 402 E. JEFFERSON STREET. P.O. BOX 1696 TALLAHASSEE FL 32302
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3. Date Incorporated or Qualified
12/14/1981

4. FEI Number 59-2141178	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 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		
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VOGEL, JOHN T.	
STREET ADDRESS	EAST DARBY ROAD	
CITY-ST-ZIP	SAN ANTONIO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	COOK, WILLIAM K.	
STREET ADDRESS	RT. 1 BOX 1675	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOKES, HAROLD	
STREET ADDRESS	RT. 1, BOX 666	
CITY-ST-ZIP	BRYCEVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PRITCHETT, MARVIN	
STREET ADDRESS	1050 SE 6TH ST.	
CITY-ST-ZIP	LAKE BUTLER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASON, P. D.	
STREET ADDRESS	RT. 9, BOX 544	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN LOOCK, HARRY, J	
STREET ADDRESS	RT. 3, BOX 260	
CITY-ST-ZIP	PERRY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/26/98 (850) 222-5646

CP2E037 (10/97)