FILE NOW: FILING FEE IS $61.25

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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001875 (4)

1. Corporation Name

TROPICAL FOREST MANAGEMENT TRUST, INC.

Principal Place of Business	Mailing Address
6124 SW 30 AVENUE GAINESVILLE FL 32608	6124 SW 30 AVENUE GAINESVILLE FL 32608-2120

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 — Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 — Country — 30

4. FEI Number: 59-3102372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKINSON, JOSHUA C III
6124 SW 30 AVENUE
GAINESVILLE FL 32608

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DICKINSON, JOSHUA C III		1.2 NAME		
STREET ADDRESS	6124 SW 30 AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOONSTRA, CLARENCE		2.2 NAME		
STREET ADDRESS	5803 SW 36TH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PUTZ, FRANCES E		3.2 NAME		
STREET ADDRESS	DEPT OF BOTANY, UNIVERSITY OF FLORIDA		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32611		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GIBSON, DAVID C.,		4.2 NAME		
STREET ADDRESS	8512 W. OAK PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNER, PIERRE O.,		5.2 NAME		
STREET ADDRESS	3540 SW ARCHER RD #157		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, THOMAS E.		6.2 NAME		
STREET ADDRESS	7937 NIKERTOWN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GERMANTOWN TN		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 if changed, or on an attachment with an address.

4/2/97