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May 08 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 # **N93000001875 (4)**
1. Corporation Name

TROPICAL FOREST MANAGEMENT TRUST, INC.

Principal Place of Business 6124 SW 30 AVENUE GAINESVILLE FL 32608	Mailing Address 6124 SW 30 AVENUE GAINESVILLE FL 32608
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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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3. Date Incorporated or Qualified 11/22/1991	4. FEI Number 59-3102372	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DICKINSON, JOSHUA C III
STREET ADDRESS	6124 SW 30 AVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	VD <input type="checkbox"/> DELETE
NAME	BOONSTRA, CLARENCE
STREET ADDRESS	5803 SW 36TH WAY
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	STD <input type="checkbox"/> DELETE
NAME	PUTZ, FRANCES E
STREET ADDRESS	DEPT OF BOTANY, UNIVERSITY OF FLORIDA
CITY-ST-ZIP	GAINESVILLE FL 32611
TITLE	D <input type="checkbox"/> DELETE
NAME	GIBSON, DAVID C.,
STREET ADDRESS	8512 W. OAK PLACE
CITY-ST-ZIP	VIENNA VA
TITLE	D <input type="checkbox"/> DELETE
NAME	BERNER, PIERRE O. ,
STREET ADDRESS	3540 SW ARCHER RD #157
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, THOMAS E.
STREET ADDRESS	7837 NIKERTOWN DRIVE
CITY-ST-ZIP	GERMANTOWN TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D Henry Gholz
1.3 STREET ADDRESS	5114 NW 31 PL
1.4 CITY-ST-ZIP	Gainesville, FL 32606
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D Pamela Gore Meade
2.3 STREET ADDRESS	37547 Church Ave
2.4 CITY-ST-ZIP	Dade City, FL 33525
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Thomas Ankersen
3.3 STREET ADDRESS	1626 NW 11 Road
3.4 CITY-ST-ZIP	Gainesville, FL 32605
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: _____ 4/29/98

CR2E037 (10/97)