

**FILE NOW: FILING FEE IS \$61.2**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **702834** (3)  
1. Corporation Name  
**AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED**



Principal Place of Business: **10616 BAY LAKE ROAD GROVELAND FL 34736**  
Mailing Address: **P.O. BOX 121066 CLERMONT FL 34712**

3. Date Incorporated or Qualified: **06/28/1961**  
3a. Date of Last Report: **06/26/1995**

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: **59-1856303**  
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  
**ANDREW, WENDY  
10616 BAY LAKE ROAD  
GROVELAND FL 34736**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>DE KOZLOWSKI, STEVEN J</b>	
STREET ADDRESS	<b>1201 MAIN ST., SUITE #1100</b>	
CITY - ST - ZIP	<b>COLUMBIA SC 29201</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>STOCKER, RANDALL K</b>	
STREET ADDRESS	<b>7922 NW 71ST STREET</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32653</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDREW, WENDY M</b>	
STREET ADDRESS	<b>10616 BAY LAKE ROAD</b>	
CITY - ST - ZIP	<b>GROVELAND FL 34736</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FOX, ALISON</b>	
STREET ADDRESS	<b>3242 12TH TERRACE</b>	
CITY - ST - ZIP	<b>GAINESVILLE FL 32609</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President and Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Terence m. McNabb</b>	
1.3 STREET ADDRESS	<b>2900-B 29th Ave, S.W.</b>	
1.4 CITY - ST - ZIP	<b>Tumwater, WA 98512</b>	
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	<b>VP (Vice President)</b>	<input type="checkbox"/> Change <input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Wendy Andrew **Wendy Andrew** 1/24/96 407/824-7291  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)