FILE NOW: FILING FEE IS \$61.25 CORPORATION NNUAL REPORT



Sandra S. Mo

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Secretary of S

DIVISION OF CORP TIONS

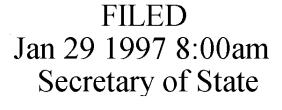
DOCUMENT #

Principal Place of Business

(3)

AQUATIC PLANT MANAGEMENT SOCIETY, INCORPORATED

Mailing Address





10616 BAY LAKE ROAD GROVELAND FL 34736		P.O. BOX 121086 CLERMONT FL 34712-1086					
					3. Date Incorporated or Qualified 08/28/1961	3a. Date of Last R 01/31/19	
2. Principal Place of Business		2a. Mailing Address	1		4. FEI Number	Ar	oplied For
21		26			59-1856303	No.	ot Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional equired
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	C		8. This corporation has liability for in		
24	25	29 3	ю			Yes 👿 No	
	9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Registered Agent			
			81	Name			
ANDREW, WENDY				Street A	Address (P.O. Box Number is Not Acceptable	e)	
10616 BAY LAKE ROAD			82				
GROVELAND FL 34736			83				
			84	City		FL 85 Zip	Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the pove-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's gnature required when reinstating) DATE							
12.	- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	S AND DIRECTORS	13.	- 8	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	PD	L DELETE	1.1 TITLE		DN	Change	Addition
NAME	MC NALDO, TERENCE N	4	1.2 NAME		Kurt Getsinger 3909 Halls Ferry Road Vicksburg, MS 39186		
STREET ADDRESS	2900-B 29TH AVE SW	•	1.3 STREET ADDRESS		3909 Halls Ferry Road		
CITY-ST-ZIP	TUMWATER WA		1.4 CITY - ST - ZIP		Vicksburg, MS 39186	1-6199	
TITLE	TD	DELETE	21 TITLE		J .	☐ Change	Addition
NAME	STOCKER, RANDALL K		22 NAME				
STREET ADDRESS 7922 NW 71ST STREET			2.3 STREET ADDRESS				l
CITY-ST-ZIP	GAINESVILLE FL 32653		2. 4 CITY - ST- ZIP				ŀ
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	ANDREW, WENDY M		3.2 NAME				
STREET ADDRESS	10616 BAY LAKE ROAD		3.3 STREET	ADDRESS			
CITY-ST-ZIP	GROVELAND FL 34738		3.4. CITY - S	T-ZIP			
TITLE	DVP	DELETE	4.1 TITLE			☐ Change	Addition
NAME	FOX, ALISON		4. 2 NAME	j			
STREET ADDRESS	3242 12TH TERRACE			ADDRESS	e e e e e e	*** , * * * *	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY - S	- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME				2 NAME			
STREET ADDRESS			5.3 STREET	ADDRESS			
C(TY-ST-ZIP			5.4 CITY - ST	-ZIP			
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST				
	ov certify that the information su	pplied with this filing does not qualify			ated 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.