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Mar 09 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 # 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 121086 CLERMONT FL 34712
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3. Date Incorporated or Qualified 08/28/1961	
4. FEI Number 59-1856303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	

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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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 85. Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	NAME STOCKER, RANDALL K	1.1 TITLE TD	1.2 NAME Don Daggett
STREET ADDRESS 7922 NW 71ST STREET	CITY-ST-ZIP GAINESVILLE FL 32653	1.3 STREET ADDRESS 13060 Idylwild Road	1.4 CITY-ST-ZIP Ft. Myers, FL 33905
TITLE SD	NAME ANDREW, WENDY M	2.1 TITLE D	2.2 NAME William T. Holler
STREET ADDRESS 10616 BAY LAKE ROAD	CITY-ST-ZIP GROVELAND FL 34736	2.3 STREET ADDRESS 7922 71st Street	2.4 CITY-ST-ZIP Gainesville, FL 32653
TITLE DVP	NAME FOX, ALISON	3.1 TITLE PD	3.2 NAME Fot, Alison
STREET ADDRESS 3242 12TH TERRACE	CITY-ST-ZIP GAINESVILLE FL	3.3 STREET ADDRESS 3242 12th Terrace	3.4 CITY-ST-ZIP Gainesville, FL
TITLE PD	NAME GETSINGER, KURT	4.1 TITLE	4.2 NAME
STREET ADDRESS 3909 HALLS FERRY RD	CITY-ST-ZIP VICKSBURG MS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)(l), 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 Feb. 25, 1998 407-939-1609

CP2E037 (10/97)