

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **711242 (8)**  
1. Corporation Name  
**FLORIDA NURSERYMEN AND GROWERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**5401 KIRKMAN RD STE 650 ORLANDO FL 32819 32819**

3. Date Incorporated or Qualified **07/22/1966** 3a. Date of Last Report **04/20/1995**  
4. FEI Number **59-0702760** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**WELLS, EARL  
5401 KIRKMAN RD  
SUITE #650  
ORLANDO FL FL 32819**

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAPIRO, ALAN</b>	1.2 NAME	
STREET ADDRESS	<b>15100 NW 32ND AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHUETZ, LORI</b>	2.2 NAME	
STREET ADDRESS	<b>1101 NE 15TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUELLER, RUSS</b>	3.2 NAME	
STREET ADDRESS	<b>PO BOX 147 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KLINGER, BILL</b>	4.2 NAME	
STREET ADDRESS	<b>1931 W. LAKE BRANTLEY RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUDSON, KIT</b>	5.2 NAME	
STREET ADDRESS	<b>P. O. BOX 7209</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINORA, GEORGE</b>	6.2 NAME	
STREET ADDRESS	<b>34720 PROSPECT ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DADE CITY FL 33525</b>	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: George Finora ST 2-26-96 407 345 8137  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)