


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

**FILED**

**Mar 25 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 711242 (8)**

1. Corporation Name  
**FLORIDA NURSERYMEN AND GROWERS ASSOCIATION, INC.**

Principal Place of Business <b>5401 KIRKMAN RD STE 650 ORLANDO FL 32819 32819</b>	Mailing Address <b>5401 KIRKMAN RD STE 650 ORLANDO FL 32819 32819</b>
--	--

3. Date Incorporated or Qualified <b>07/22/1966</b>	
4. FEI Number <b>59-0702760</b>	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>1533 Park Center Drive</b>	2a. Mailing Address 26 <b>1533 Park Center Drive</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Orlando FL</b>	City & State 28 <b>Orlando FL</b>
Zip 24 <b>32835</b>	Country 25 <b>Orange</b>
Zip 29 <b>32835</b>	Country 30 <b>Orange</b>

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 <b>Wells, Earl (Address Change Only)</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>1533 Park Center Drive</b>	
83	
84 City <b>Orlando</b>	85 Zip Code <b>FL 32835</b>

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>P</b>	<input type="checkbox"/> DELETE
NAME <b>SHAPIRO, ALAN</b>	
STREET ADDRESS <b>15100 NW 32ND AVENUE</b>	
CITY-ST-ZIP <b>GAINESVILLE FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FRAZEE, LORI</b>	
STREET ADDRESS <b>1101 NE 15TH STREET</b>	
CITY-ST-ZIP <b>CAPE CORAL FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MUELLER, RUSS</b>	
STREET ADDRESS <b>PO BOX 147 N/A</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>KLINGER, BILL</b>	
STREET ADDRESS <b>1931 W. LAKE BRANTLEY RD.</b>	
CITY-ST-ZIP <b>LONGWOOD FL</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE
NAME <b>AL SOMOZA</b>	
STREET ADDRESS <b>1484 KEANE AVE SW</b>	
CITY-ST-ZIP <b>NAPLES FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE
NAME <b>FINORA, GEORGE</b>	
STREET ADDRESS <b>34720 PROSPECT ROAD</b>	
CITY-ST-ZIP <b>DADE CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>S-T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Jane Van Cleave</b>	
2.3 STREET ADDRESS <b>2001 Rock Springs Road</b>	
2.4 CITY-ST-ZIP <b>Apopka FL 32712</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>P</b>	<input checked="" 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: *Earl Wells* **Earl Wells 3-19-98 Executive Vice President (407) 295 7994**

CR2E037 (10/97)