FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:51

DOCUMENT # **760472** **(1)**

1. Corporation Name

FLORIDA NURSERYMEN POLITICAL ACTION COMMITTEE, I NC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/16/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2128776** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WELLS, EARL
5401 KIRKMAN RD STE 650
ORLANDO 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 607.0502 and 607.1508, 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 607.0505, 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	VP	1.1 TITLE	D	☒ Change ☐ Addition
NAME	ARKAY, RONALD	1.2 NAME		
STREET ADDRESS	8712 OLA AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	REESE, BILL.	2.2 NAME		
STREET ADDRESS	2025 N.E. 70 ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP		
TITLE	DTD	3.1 TITLE		☐ Change ☐ Addition
NAME	COUTURIER, THOMAS G.	3.2 NAME		
STREET ADDRESS	2400 HWY 17 & 98 N.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MEADE FL	3.4 CITY-ST-ZIP		
TITLE	VP	4.1 TITLE	D	☒ Change ☐ Addition
NAME	RAIMONDI, MIKE.	4.2 NAME	MUELLER, RUSSELL	
STREET ADDRESS	4700 PALM RIDGE BLVD.	4.3 STREET ADDRESS	1705 E E Williamson Road	
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Longwood FL 32750	
TITLE	VP	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	DAVIS, ROY.	5.2 NAME		
STREET ADDRESS	3216 MCINTOSH ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	DOVER FL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE		☒ Change ☐ Addition
NAME	SCHUETZ, LORI	6.2 NAME		
STREET ADDRESS	15130 N. PEBBLE LN.	6.3 STREET ADDRESS	1101 NE 15th Street	
CITY-ST-ZIP	FT. MYERS FL	6.4 CITY-ST-ZIP	Cape Coral Fl 33909	

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: Thomas G. Coutu 3-14-95 813-285-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)