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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 10/16/1981

4. FEI Number: 59-2128776 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1533 Park Center Dr	26 1533 Park Center Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando FL 32835 5705	City & State 28 Orlando FL 32835 5705
Zip 24 / Country 25 USA	Zip 29 / Country 30 USA

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WELLS, EARL 5401 KIRKMAN RD STE 650 ORLANDO FL 32819	81 Name: Address Change Only 82 Street Address (P.O. Box Number is Not Acceptable): 1533 Park Center Drive 83 84 City: Orlando FL 85 Zip Code: 32835

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	P	☐ DELETE	1.1 TITLE		☐ 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	☐ DELETE	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	☐ DELETE	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	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MUELLER, RUSSELL		4.2 NAME		
STREET ADDRESS	1705 E E WILLIAMSON RAOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	D	☒ 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	D	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	SCHUETZ, LORI		6.2 NAME	Robert Roberson	
STREET ADDRESS	1101 NW 15TH STREET		6.3 STREET ADDRESS	P. O. Box 747 N/A	
CITY-ST-ZIP	CAPE CORAL FL		6.4 CITY-ST-ZIP	Zellwood FL 32798	

CR2E037 (10/97)

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: Russell Mueller Treasurer 2/24/98 (407) 295 7994