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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 760472

1. Corporation Name
FLORIDA NURSERYMEN POLITICAL ACTION COMMITTEE, I NC.

Principal Place of Business	Mailing Address
1533 PARK CENTER DR ORLANDO FL 32835-5705 US	1533 PARK CENTER DR ORLANDO FL 33835-5705 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/16/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2128776 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WELLS, EARL
1533 PARK CENTER DR
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name: BENJAMIN C. BOLUSKY
82 Street Address (P.O. Box Number is Not Acceptable): 1533 Park Center Dr
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	D	☐ Change ☒ Addition
NAME	COUTURIER, THOMAS G.		3.2 NAME	Hackney, George	
STREET ADDRESS	2400 HWY 17 & 98 N.		3.3 STREET ADDRESS	R.#4, Box 211	
CITY-ST-ZIP	FORT MEADE FL		3.4 CITY-ST-ZIP	Quincy, FL 32351	
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	D	☐ DELETE	5.1 TITLE		☐ 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	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, ROBERT		6.2 NAME		
STREET ADDRESS	P. O. BOX 747 N/A		6.3 STREET ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL 32798		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Treasurer 01-20-99 407 295 7994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #