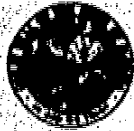


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

APPROVED  
AND  
FILED

95 MAY -1 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N25664** (6)

1. Corporation Name  
**EXOTIC PEST PLANT COUNCIL, INCORPORATED**

Principal Place of Business Mailing Address  
**% F ALLEN DRAY JR**  
**3205 COLLEGE AVE**  
**FT LAUDERDALE FL 33314**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/30/1988** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **65-0140632** 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. 190.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suits, Apt. #, etc. 27 Suits, Apt. #, etc.  
23 City & State 28 City & State  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**DRAY, F A JR**  
**3205 COLLEGE AVE**  
**FT LAUDERDALE FL 33314**

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 *F. Allen Dray Jr.* *F. Allen Dray Jr.* *Treasurer* *4/26/95*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
DV CENTER, TED D 3205 COLLEGE AVE FT LAUDERDALE FL  
DC THEYER, DAN 3301 GUN CLUB RD W PALM BCH FL  
DT DRAY, F A JR 3205 COLLEGE AVE FT LAUDERDALE FL  
DS VARDAMAN, SANDRA 111 NW FIRST ST MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME **DS Brian Nelson**  
4.3 STREET ADDRESS **2379 Broad Street**  
4.4 CITY - ST - ZIP **Brooksville, FL 34609**  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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: *F. Allen Dray Jr.* *F. Allen Dray Jr.* *4/26/95* *(305) 475-0241*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY (Daytime Phone #)