FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N25664

1. Corporation Name

FLORIDA EXOTIC PEST PLANT COUNCIL, INCORPORATED

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

Mailing Address

C/O DAN THAYER

FILED Apr 20, 1999 8:00 am § Secretary of State

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US	اران الله الله الله الله الله الله الله ال				the state of the state of	· • . • . •	Ē
-		120 14-31-4-4			Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address					03/30/1988		
21 Dan (hayer 26) Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number	Ap	plied For
22		27			65-0140632	 	t Applicable
City & State	· UUX	City & State				\$8.75 /	Additional
23 West		28			5. Certificate of Status Desired	Fee Re	quired
Zip	Country	Zip	Country	1	6. Election Campaign Financing	\$5.00	May Be
24 336	116 25 USA _	29 3	0		Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name	•		1
THAYER, I	DAN .		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
3301 GUN CLUB RD							
WEST PAL	LM BEACH FL 33406		83		·	•	
			84	City	. E	85 Zip (Code
							ragistared
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	2 and 617.1508, Florida Statutes of Florida. Such change was autl	, the abov horized by	e-named cor the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florid	la Statutes	· ·			
SIGNATURE		Note: B			red when reinstating) DATE		
12.	Signature, typed or printed name of registered agent		13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	DT	DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	THEYER, DAN	_	1,2 NAME	l		,	
STREET ADORESS	3301 GUN CLUB RD		1.3 STREE	TADDRESS	•		
CITY-ST-ZIP	WEST PALM BEACH FL 33406	•	1.4 CITY-S	- 1		•	
TITLE	DS	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	SMITH, JACQUELINE	en see sales en .	2.2 NAME		and the control of th	الشعار ا	
STREET ADDRESS	3111-B13 FORTUNE WAY		2.3 STREE	TADDRESS			
CITY-ST-ZIP	WELLINGTON FL 33414		2. 4 CITY-	ST-ZIP			
TITLE	DC	☐ DELETE	3.1 TITLE			Change	Addition
NAME	PERNAS, ANTHONY		3.2 NAME			• •	
STREET ADDRESS	HCR-61 BOX 11		3.3 STREE	T ADDRESS		•	
CfTY-ST-ZiP	OCHOPEE FL 33943		3.4, CITY-	ST-ZIP	•		
TITLE	DC	☐ DELETE	4.1 TITLE			. Change	☐ Addition
NAME	JUBINSKY, GREG P		4, 2 NAME				
STREET ADDRESS	3917 COMMONWEALTH BLVD		4.3 STREE	T ADDRESS	•	•	
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-S	ST-ZIP			FT A Julie.
TITLE		☐ DELETE	5.1 TITLE		•	Change	Addition
NAME			5.2 NAME	T 4 DDDC			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		T 001 546	5.4 CITY-S 6.1 TITLE	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE		☐ DELETE		1		∟ ¢nange	Audilion
NAME			6.2 NAME				•
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			6.4 CITY-S	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, with all other like empowered.

SIGNATURE

(561) 682-6129