2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2018
Secretary of State
CC8081113434

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Entity Name: FLORIDA NURSERY, GROWERS & LANDSCAPE ASSOCIATION-PAC, INC.

Current Principal Place of Business:

1533 PARK CENTER DR
ORLANDO, FL 32835-5705

Current Mailing Address:

1533 PARK CENTER DR
ORLANDO, FL 32835-5705 US

FEI Number: 59-2128776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOLUSKY, BENJAMIN C
1533 PARK CENTER DR
ORLANDO, FL 32835 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BENJAMIN C. BOLUSKY 03/13/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	GARRISON, RALPH
Address	1533 PARK CTR DR
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	HACKNEY, GEORGE
Address	R #4 BOC 211
City-State-Zip:	QUINCY FL 32351

Title	TREASURER
Name	FORD, PATRICK J
Address	1533 PARK CTR DR
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	WURSTER, M.E.
Address	7748 SPANER ROAD PO BOX 24384
City-State-Zip:	JACKSONVILLE FL 32241-4384

Title	DIRECTOR
Name	MAHR, CAROLAN
Address	1533 PK CNTR DR
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	MUELLER, MIKE
Address	1705 E E WILLIAMSON RAOD
City-State-Zip:	LONGWOOD FL 32779

Title	VC
Name	POLOMSKY, PAUL
Address	1533 PARK CENTER DRIVE
City-State-Zip:	ORLANDO FL 32835

Title	DIRECTOR
Name	BRAVO, ED
Address	104 SW 131ST STREET
City-State-Zip:	NEWBERRY FL 32669

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK J FORD TREASURER 03/13/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MARSHALL, MICHAEL D
Address	17350 SE 65TH STREET
City-State-Zip:	MORRISTON FL 32668-4508

Title	DIRECTOR
Name	SHOELSON, ROBERT
Address	7000 SW 148 AVENUE
City-State-Zip:	SW RANCHES FL 33330

Title	DIRECTOR
Name	BUTTERFIELD, BILLY
Address	PO BOX 568762
City-State-Zip:	ORLANDO FL 32856-5041

Title	DIRECTOR
Name	BESHEARS, HALSEY W
Address	PO BOX 160, HWY 19 S
City-State-Zip:	MONTICELLO FL 32345-0160

Title	DIRECTOR
Name	DAVENPORT, ROBERT E
Address	9064 THE LANE
City-State-Zip:	NAPLES FL 34109-1554

Title	DIRECTOR
Name	STEIN, SANFORD
Address	6065 SW 133RD STREET
City-State-Zip:	MIAMI FL 33156-7136