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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:41

DOCUMENT # 751291 (6)

1. Corporation Name
BEDDING PLANTS FOUNDATION, INC.

Principal Place of Business	Mailing Address
1900 N COLLEGE RD. MASON MI 48854	1900 N COLLEGE RD. MASON MI 48854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-2107070 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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 _____ 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	D	1.1 TITLE	T ☒ Change ☐ Addition
NAME	WETERING, VAND DE J	1.2 NAME	
STREET ADDRESS	128 EDWARDS AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALVERTON LI	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	BARRETT, DICK	2.2 NAME	
STREET ADDRESS	901 4TH STREET N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	PULTE, RALPH	3.2 NAME	JENNINGS, BRUCE
STREET ADDRESS	3551 NORTH US HWY 281	3.3 STREET ADDRESS	5300 KATRINE AVE
CITY-ST-ZIP	GRANDD ISLAND NE	3.4 CITY-ST-ZIP	DOWNERS GROVE IL 60515
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	TOMASOVIC, JOHN L, JR	4.2 NAME	
STREET ADDRESS	1251 MEIER LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HUGGINS, JAMES	5.2 NAME	JAN UMSTEAD
STREET ADDRESS	622 TOWN RD	5.3 STREET ADDRESS	622 TOWN RD
CITY-ST-ZIP	W CHICAGO IL	5.4 CITY-ST-ZIP	W CHICAGO IL 60185
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	HUDSON, GARY	6.2 NAME	KUSSOW JIM
STREET ADDRESS	1477 DREW AVE #105	6.3 STREET ADDRESS	BOX 362
CITY-ST-ZIP	DAVIS CA	6.4 CITY-ST-ZIP	MADISON SD 57042

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 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: Richard E. Barrett 3-2-95 (813) 115-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD BARRETT

0074439