

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **751291** (6)

1. Corporation Name

BEDDING PLANTS FOUNDATION, INC.



Principal Place of Business

Mailing Address

1980 N COLLEGE RD.
MASON MI 48854

1980 N COLLEGE RD
MASON MI 48854

3. Date Incorporated or Qualified
02/27/1980

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2107070

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	WETERING, VAND DE J	<input checked="" type="checkbox"/> DELETE
NAME	128 EDWARDS AVENUE	
STREET ADDRESS	CALVERTON LI	
CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> DELETE
NAME	BARRETT, DICK	
STREET ADDRESS	901 4TH STREET N.W.	
CITY - ST - ZIP	RUSKIN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JENNINGS, BRUCE	
STREET ADDRESS	5300 KATRINE AVE	
CITY - ST - ZIP	DOWNERS GROVE IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOMASOVIC, JOHN L, JR	
STREET ADDRESS	1251 MEIER LANE	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UMSTEAD, JAN	
STREET ADDRESS	622 TOWN RD	
CITY - ST - ZIP	W CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUSSOW, JIM	
STREET ADDRESS	BOX 352	
CITY - ST - ZIP	MADISON SD	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLBRANDT, WILLIAM	
1.3 STREET ADDRESS	1980 N. COLLEGE RD	
1.4 CITY - ST - ZIP	MASON MI 48854	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHANK, MEREDITH	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

517 694 8537

Date

Daytime Phone #

CR2E037 (12/95)