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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 48854-9348

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 04/16/1996

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

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

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

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 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 _____ 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	☐ DELETE	1.1 TITLE	M	☒ Change ☐ Addition
NAME	WILLBRANDT, WILLIAM		1.2 NAME		
STREET ADDRESS	1980 N COLLEGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	MASON MI		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHANK, MEREDITH		3.2 NAME		
STREET ADDRESS	5300 KATRINE AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	DOWNERS GROVE IL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE	P/D	☒ 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	V	☐ DELETE	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	UMSTEAD, JAN		5.2 NAME		
STREET ADDRESS	622 TOWN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	W CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	T/D	☒ Change ☐ Addition
NAME	KUSSOW, JIM		6.2 NAME		
STREET ADDRESS	BOX 352		6.3 STREET ADDRESS	N/A	
CITY-ST-ZIP	MADISON SD		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Wm Willbrandt WILLBRANDT 4-11-97 5176848537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078970