

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 12, 1999 8:00 am
Secretary of State

07-12-1999 90011 040 ****61.25

DOCUMENT # 751291

1. Corporation Name

BEDDING PLANTS FOUNDATION, INC.

Principal Place of Business

1980 N COLLEGE RD.
MASON MI 48854

Mailing Address

1980 N COLLEGE RD.
MASON MI 48854



2. Principal Place of Business

1 1275 OAK RIDGE

Suite, Apt. #, etc.

2 #2

City & State

3 EAST LANSING MI

Zip Country

4 48823 25 USA

2a. Mailing Address

26 P O Box 280

Suite, Apt. #, etc.

27

City & State

28 EAST LANSING MI

Zip Country

29 48826-0280 30 USA

3. Date Incorporated or Qualified

02/27/1980

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE M ☐ DELETE

NAME WILLBRANDT, WILLIAM
STREET ADDRESS 1980 N COLLEGE ROAD
CITY-ST-ZIP MASON MI

TITLE D ☐ DELETE

NAME BARRETT, DICK
STREET ADDRESS 901 4TH STREET N.W.
CITY-ST-ZIP RUSKIN FL

TITLE PD ☐ DELETE

NAME TOMASOVIC, JOHN L, JR
STREET ADDRESS 1251 MEIER LANE
CITY-ST-ZIP ST LOUIS MO

TITLE VD ☐ DELETE

NAME UMSTEAD, JAN
STREET ADDRESS 622 TOWN RD
CITY-ST-ZIP W. CHICAGO IL

TITLE TD ☐ DELETE

NAME KUSSOW, JIM
STREET ADDRESS P.O. BOX 352 N/A
CITY-ST-ZIP MADISON SD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 1275 OAK RIDGE #2
1.4 CITY-ST-ZIP EAST LANSING MI 48823

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-99

Date

517 333-4617

Daytime Phone #

CR2E037 (5/99)