FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 7:47
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N35057 (1)

1. Corporation Name

ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.

Principal Place of Business	Mailing Address
% JOHN B. HEPPNER 1911 S.W. 34TH ST. GAINESVILLE FL 32608	% JOHN B. HEPPNER 1911 S.W. 34TH ST. GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/02/1989	03/24/1994

4. FEI Number: 59-2989991 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 141210
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State: Gainesville, FL
24 Zip / 25 Country	29 Zip: 32614 / 30 Country: USA

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEPPNER, JOHN B. 1911 S.W. 34TH ST. GAINESVILLE FL 32608	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 ______ 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	DSTC	1 1 TITLE	☐ Change ☐ Addition
NAME	HEPPNER, J.B.	1 2 NAME	
STREET ADDRESS	101 NW 28TH TERRACE ✓	1 3 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32607	1 4 CITY ST ZIP	
TITLE	D	2 1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DON R.	2 2 NAME	
STREET ADDRESS	DEPT OF ENTOMOLOGY, 10th & Constitution NW	2 3 STREET ADDRESS	
CITY ST ZIP	WASHINGTON DC 20560	2 4 CITY ST ZIP	
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	ELIAZAR, P. J	3 2 NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA, Dept. of Zoology	3 3 STREET ADDRESS	
CITY ST ZIP	GAINESVILLE FL 32611	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	DRUMMOND, B. A	4 2 NAME	
STREET ADDRESS	P. O. BOX 9061 (street unknown)	4 3 STREET ADDRESS	
CITY ST ZIP	WOODLAND PARK CO 80866	4 4 CITY ST ZIP	
TITLE	D	5 1 TITLE	☐ Change ☐ Addition
NAME	LAMAS, GERADO N/A	5 2 NAME	
STREET ADDRESS	MUSEO HISTORIA NATURAL, Apdo 14-0434	5 3 STREET ADDRESS	
CITY ST ZIP	LIMA, PERU	5 4 CITY ST ZIP	
TITLE	D	6 1 TITLE	☐ Change ☐ Addition
NAME	LEMAIRE, CLAUDE	6 2 NAME	
STREET ADDRESS	LA CROIX DEX BAUX (no street) N/A	6 3 STREET ADDRESS	
CITY ST ZIP	GORDES, FRANCE F-84220	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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 — Date

(904) 392-3505 x139 — Daytime Phone #

D026700