FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

¥	1998 *	DIVISION OF	CORPORATIONS	Secretary of State
DOCUI 1. Corporatio	MENT # N3505	57 (1)		
ASSOCIATION FOR TROPICAL LEPIDOPTERA, INC.				
Principal Plac	e of Business	Mailing Address		T TREATHON OND SHAN DINK BENEF GRAN TOOL OLD IL GYOLL OLD IN OLD IN OLD IN CHOIL OLD IN CHOIL OLD IN CHOIL COUR
% JOHN B. HEPPNER PO BOX 141210				O Data harmonist or Outlined
1911 S.W. 34TH ST. GAINESVILLE FL		GAINESVILLE FL 32614		3. Date incorporated or Qualified 11/02/1989
GAINESVILLE FL 32608 US		US		4. FEI Number Applied For
3 Dringingt D	loop of Business	2a. Mailing Address		59-2989991 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21			Certificate of Status Desired Section Section Section Sectio	
Suite, Apt. #, etc. Suite, Apt. 4		Suite, Apt. W. etc.		6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State			Trust Fund Contribution Added to Fees	
23	o .	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Curre	29 29 Appletered Apent	[30]	Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent
	g. Name and Address of Confe	aut Hodistalen Watti	81 Name	IV. Italia alio Addissa ol Itali Registered Agent
HEPPNER, JOHN B. 82 Street Address (P.O. Box Number is Not Acceptable)				
1911 S.W. 34TH ST.				Address (F.C. Dox Number is Not Acceptable)
GAINES!	VILLE FL 32608		63	
			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				
12.	Signalure, typed or printed name of registered a OFFICERS A	gorif and title if applicable (NOT ND DIRECTORS	E Registered Agent signature 13.	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DSTC	DELETE	1.1 TITLE	Change Addition
NAME	HEPPNER, J.B.		1.2 NAME	Becker V.O. C.P. 08223, EMBRAPA
STREET ADDRESS	101 NW 28TH TERRACE		1.3 SAREP ALTORESS	
CITY-ST-ZIP TITLE	GAINESVILLE FL D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	DVP DANGETTING DF BRAZIC
NAME	DAVIS, DON R.	—	22 NAME .	
STREET ADDRESS	DEPT OF ENTOMOLOGY, 10	OTH & CONSTITUTION	2.3 STACH AND RESS	Emmel, T.C. Dest. 200logy, Univ. Florida
CITY-ST-ZIP	WASHINGTON DC	T oruge	2. 4 CITY - ST - ZIP	Gainesville & 32611 Change Maddition
TITLE NAME	D Eliazar, p. j	DELETE	3.1 TITLE 3.2 NAME	
ASTREET ADDRESS	UNIF OF FL. DEPT OF ZOO	LOGY	3.3 STREET DORESS	Mielke, O. H.H. C.A. 19020, Univ. Rd.
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY-ST-ZIP	81531-990 Custiba, /R, BRAZIL
TITLE	D	DELETE	4.1 TITLE	Change Da Addition
NAME T OFFICE ADDRESS	DRUMMOND, B. A P. O. BOX 9061		4. 2 NAME 4.3 STREET ADDRESS	Munrol, E.G. 3093 Barlus Crescent, RR.1
T STREET ADDRESS CITY+ST-ZIP	WOODLAND PARK CO		4.4 CITY-ST-ZIP	Dunrobin DN. CANADA KOA 170
TITLE	D	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMAS, GERADO		5.2 NAME	
STREET ADDRESS	MUSEO HISTORIA NATURAL	., APDS 14-0434	5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	LIMA, PERU D	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME	TURNER, JON D.		6.2 NAME	Second Without Second Print Court of Second
STREET ADDRESS	310 COLE DR SE		6.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTSVILLE AL		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 of 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 attempt high with an address.				

SIGNATURE:

FILED

Mar 18 1998 8:00am