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 APR 27 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36099 (2)

1. Corporation Name
GAINESVILLE HERPETOLOGICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
~~% PETER G. DRUMMOND~~ ~~RT 1 BOX 321A~~ ~~MICANOPY FL 32667~~	~~% PETER G. DRUMMOND~~ P.O. Box 140353 ~~RT 1 BOX 321A~~ GAINESVILLE FL ~~MICANOPY FL 32667~~ 32614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3055002 ☐ 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
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

2. Principal Place of Business	2a. Mailing Address
21 c/o PAUL MOLER	26 P.O. BOX 140353
22 Suite, Apt. #, etc. 7818 HWY 346	27 Suite, Apt. #, etc.
23 City & State ARCHER FL	28 City & State GAINESVILLE FL
24 Zip 32618 25 Country USA	29 Zip 32614-0353 30 Country USA

9. Name and Address of Current Registered Agent

~~DRUMMOND, PETER G.~~
~~RT 1 BOX 321A~~
~~MICANOPY FL 32667~~

10. Name and Address of New Registered Agent

81 Name: PAUL E. MOLER
82 Street Address (P.O. Box Number is Not Acceptable): 7818 HWY 346
83
84 City: ARCHER FL 85 Zip Code: 32618

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: Paul E. Moler PAUL E. MOLER 4/22/95
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	~~PD~~	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	~~BESSETTE, EUGENE~~	1.2 NAME	WILLIAM E. BRANT
STREET ADDRESS	~~13918 SW ARCHER RD~~	1.3 STREET ADDRESS	6115 SW 137 AVE
CITY-ST-ZIP	~~ARCHER FL~~	1.4 CITY-ST-ZIP	ARCHER FL 32618
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, DAN	2.2 NAME	
STREET ADDRESS	3230 SW 67 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	COPE, BILL	3.2 NAME	
STREET ADDRESS	P O BOX 58 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCINTOSH FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MOLER, PAUL E	4.2 NAME	
STREET ADDRESS	7818 HWY 346	4.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Paul E. Moler PAUL E. MOLER 4/22/95 (904) 955-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002944