FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N37237

(7)

1. Corporation Name				
AMERICAN ENTOMOLOGICAL INSTITUTE, INC.				
ATTEMORITE ENTOTION CONTROL INCIDIO IE, INC.				T (ADNIA) BAD MAIN IBRIR BIRAR MINI ATAN ARAM ATAN ANAM ATAN ARAM ARAM ARAM
Principal Place of Business Mailing Address			t to the same of	T HODISTER CAD TRAIT SERVE HIRRY WITH SOUTH FINIT BURN BURN BURN BURN BURN BURN BURN BURN
3005 S.W. 56TH AVENUE 3005 S.W. 56TH AVENUE				3. Date Incorporated or Qualified
GAINESVILLE FL 32608 GAINESVILLE FL 32608				1
				03/26/1990 4. FEI Number Applied For
				1.551100 1 0
2. Principal P	lace of Business	2a. Mailing Address		38-1849251 Not Applicable
21		26		5. Certificate of Status Desired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
22		27		Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes 🔀 No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Current	29	30	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent
	y, Name and Address of Current	Legisteren whent	81 Name	10. Name and Address of New Registered Agent
MADEON DALE M				
HABECK, DALE H. 3005 S.W. 56TH AVENUE			82 Street Addr	ess (P.O. Box Number is Not Acceptable)
GAINESVILLE FL 32608			83	
CAN ILO	VILLE I E DEDOO			
			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				• • •
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	an ignimal that, a gasapt allo songe	10.10 0.1 0001.01 011 10000,110	maa statotoo.	
SIGNATURE .	Signature, typed or printed name of registered agen	I and title if applicable (NOTE	Registered Agent signature require	ed when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HABECK, DALE H.		1.2 NAME	
STREET ADDRESS	ROUTE 2, BOX 125-14		1.3 STREET ADDRESS	
CITY-ST-ZIP	MICANOPY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	WHARTON, ROBERT A.		2.2 NAME	
STREET ADDRESS	C/O TEXAS A & M UNIVERSIT	Y	2.3 STREET ADDRESS	,
CITY-ST-ZIP	COLLEGE STATION TX		2. 4 CITY - ST - ZIP	
TITLE	D	DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LLOYD, JAMES E.		3.2 NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA.		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		3.4. CITY - ST - ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	L Change L Addition
NAME	MORSE, JOHN		4. 2 NAME	
STREET ADDRESS	C/O CLEMSON UNIVERSITY		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEMSON SC	☐ DELETE	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	DASCH, CLEMENT	□ nerese	5.1 TITLE	C Citalge C Addition
NAME OZDCET ADODECO	160 MONTGOMERY BLVD		5.2 NAME	
STREET ADDRESS	NEW CONCORD OH		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	5.4 City-St-ZIP 6.1 Title	☐ Change ☐ Addition
NAME	WAHL, DAVID		6.2 NAME	Li orange Li Rudillon
STREET ADDRESS	3005 S.W. 56TH AVE.		6.3 STREET ADDRESS	
	GAINESVILLE FL			
CITY-ST-ZIP	WHITEVILLE I L		6.4 CITY - ST - ZIP	

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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: Daniel Glitch (Sect y, AEI Book of Director 23 la 98 352-377-6458

R2E037 (10/97)

FILED

Feb 05 1998 8:00am

Secretary of State