SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N94000000581 (8)**

1. Corporation Name
FLORIDA WEED SCIENCE SOCIETY, INC.

Principal Place of Business	Mailing Address
1545 FIFILED HALL GAINESVILLE FL 32611	P O BOX 110670 GAINESVILLE FL 32611-0670

3. Date Incorporated or Qualified: 01/28/1994
3a. Date of Last Report: 03/02/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 59-3224781 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCARTY, L B
1545 FIFILED HALL
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

81 Name: TIM CROCKER
82 Street Address (P.O. Box Number is Not Acceptable): 1139 FIFIELD HALL
83: UNIVERSITY OF FLORIDA
84 City: GAINESVILLE **FL** 85 Zip Code: 32611

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: TIM CROCKER SECRETARY/TREASURER — Tim Crocker — 7/16/96
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	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	STALL, W.M.		1.2 NAME	STAMPS, R.H.	
STREET ADDRESS	B9OX 110690 UNIV OF FL		1.3 STREET ADDRESS	2807 BINION ROAD	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	APOPKA FL 33813	
TITLE	ST	☒ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	MCCARTY, L B		2.2 NAME	CROCKER, T.E.	
STREET ADDRESS	1545 FIFIELD HALL		2.3 STREET ADDRESS	P.O. BOX 110690	
CITY-ST-ZIP	GAINESVILLE FL 32611-0670		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32611	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LANGELAND, KEN		3.2 NAME		
STREET ADDRESS	BOX 110610 UNIV OF FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SHILLING, DONN		4.2 NAME		
STREET ADDRESS	BOX 110610 UNIV OF FL		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	NORCINI, JEFF		5.2 NAME	GASPARINE, V	
STREET ADDRESS	REC RT 4 BOX 63 N/A		5.3 STREET ADDRESS	4169 LEAFY GLADE PLACE	
CITY-ST-ZIP	MONTICELLO FL		5.4 CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (3/96)

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: TIM CROCKER SECRETARY/TREASURER — Tim Crocker — 7/16/96 — 352-392-1896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003168