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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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: 07/18/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CROCKER, TIM
1139 FIFIELD HALL
UNIVERSITY OF FLA
GAINESVILLE FL 32611

10. Name and Address of New Registered Agent

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 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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
TITLE	P	☐	1.1 TITLE		☐	☐
NAME	STAMPS, RH		1.2 NAME			
STREET ADDRESS	2807 BINION ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	APOPKA FL 33813		1.4 CITY-ST-ZIP			
TITLE	ST	☐	2.1 TITLE		☒	☐
NAME	CROCKER, TE		2.2 NAME			
STREET ADDRESS	P O BOX 110690		2.3 STREET ADDRESS	2149 FIFIELD HALL		
CITY-ST-ZIP	GAINESVILLE FL 32611		2.4 CITY-ST-ZIP			
TITLE	D	☐	3.1 TITLE		☒	☐
NAME	LANGELAND, KEN		3.2 NAME			
STREET ADDRESS	BOX 110610 UNIV OF FL		3.3 STREET ADDRESS	7922 NW 71 ST		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE FL 32606-3071		
TITLE	D	☐	4.1 TITLE		☒	☐
NAME	SHILLING, DONN		4.2 NAME			
STREET ADDRESS	BOX 110610 UNIV OF FL		4.3 STREET ADDRESS	2183 MCCARTY HALL		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP			
TITLE	D	☐	5.1 TITLE		☐	☐
NAME	GASPARINE, V		5.2 NAME			
STREET ADDRESS	4169 LEARY GLADE PLACE		5.3 STREET ADDRESS			
CITY-ST-ZIP	CASSELBERRY FL 32707		5.4 CITY-ST-ZIP			
TITLE		☐	6.1 TITLE		☐	☐
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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14. I do 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 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: Timothy E. Crocker — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20, 1997 — Date

352-392-1996 — Daytime Phone #

0011309