

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000004986 (4)

1. Corporation Name  
**HILLSBOROUGH HERPETOLOGICAL SOCIETY INC.**



Principal Place of Business: **FOREST HILLS CENTER 724 WEST 109TH AVENUE TAMPA FL 33612**  
Mailing Address: **POST OFFICE BOX 262572 TAMPA FL 33685**

3. Date Incorporated or Qualified: **10/20/1995**  
3a. Date of Last Report

2. Principal Place of Business  
21 **Forest Hills Center**  
Suite, Apt. #, etc.  
22 **724 West 109th Ave**  
City & State  
23 **Tampa fl.**  
Zip Country  
24 **Hillsborough**  
25 **33685**  
26 **Post office Box 262572**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Tampa fl.**  
Zip Country  
29 **33685**  
30 **Hillsborough**

4. FEI Number: **59-3358664**  
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  
**REAMS, RICHARD  
9111 BAYMEADOW COURT  
TAMPA FL 33615**

10. Name and Address of New Registered Agent  
81 Name: **Richard Reams**  
82 Street Address (P.O. Box Number is Not Acceptable):  
**9111 Baymeadow Ct.**  
83  
84 City: **Tampa** FL 85 Zip Code: **33615**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Richard Reams	
STREET ADDRESS	9111 Baymeadow Ct.	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Dennis Cave	
STREET ADDRESS	1812 Navajo Ave.	
CITY-ST-ZIP	Tampa, FL 33612	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Ed Weaver	
STREET ADDRESS	4577 Sunn. Hwy # 135	
CITY-ST-ZIP	Tampa, FL 33624	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Laura Vietje	
STREET ADDRESS	15403 Morning Dr.	
CITY-ST-ZIP	Lutz, FL 33549	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>600001817986</b>
53 STREET ADDRESS	<b>-05/13/96--01023--015</b>
54 CITY-ST-ZIP	<b>***61.25</b>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: Richard Reams Date: 3-9-96 Daytime Phone #: 813 885-1272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)