

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000004986 (4)**  
1. Corporation Name  
**HILLSBOROUGH HERPETOLOGICAL SOCIETY INC.**



Principal Place of Business <b>FOREST HILLS CENTER 724 WEST 109TH AVENUE TAMPA FL 33612</b>	Mailing Address <b>POST OFFICE BOX 262572 TAMPA FL 33685-2572</b>
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3. Date Incorporated or Qualified <b>10/20/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

4. FEI Number <b>59-3358664</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>LISA L. LOVE</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>5025 E. Fowler Ave #1</b>
83. City <b>Tampa, FL</b>
84. Zip Code <b>33617</b>

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]* Signature typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE: **4-1-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>REAMS, RICHARD</b>	
STREET ADDRESS	<b>9111 BAYMEADO CT.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33615</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAVE, DENNIS</b>	
STREET ADDRESS	<b>1812 NAVAJO AVE.</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEAVER, ED</b>	
STREET ADDRESS	<b>4577 GUNN HWY #135</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VETIE, LAURA</b>	
STREET ADDRESS	<b>15403 MORNING DR.</b>	
CITY-ST-ZIP	<b>LUTZ FL 33549</b>	
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

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Lisa Love</b>	
1.3 STREET ADDRESS	<b>5025 E. Fowler Ave</b>	
1.4 CITY-ST-ZIP	<b>TAMPA FL 33617</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>John PAUIS</b>	
2.3 STREET ADDRESS	<b>4010 LaurelCrest Ct</b>	
2.4 CITY-ST-ZIP	<b>Mulberry FL 33860</b>	
3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Janice Jones</b>	
3.3 STREET ADDRESS	<b>4522 Bruton Rd</b>	
3.4 CITY-ST-ZIP	<b>Plant City, FL 33565</b>	
4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Risa Jones</b>	
4.3 STREET ADDRESS	<b>4524 Bruton Rd</b>	
4.4 CITY-ST-ZIP	<b>Plant City FL 33565</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* DATE: **4-1-97** **813-754-3771**

CR2E037 (9/96)