

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:41

DOCUMENT # 751291 (6)

1. Corporation Name  
BEDDING PLANTS FOUNDATION, INC.

Principal Place of Business  
1900 N COLLEGE RD.  
MASON MI 48854

Mailing Address  
1900 N COLLEGE RD.  
MASON MI 48854

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/27/1980  
3a. Date of Last Report: 03/21/1994  
4. FEI Number: 59-2107070  
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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes:  Yes  No

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

2a. Mailing Address  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip  
28. Country

9. Name and Address of Current Registered Agent  
HUMPHRIES, J. BOB  
501 E. KENNEDY BLVD.  
SUITE 1700  
TAMPA FL 33602

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	WETERING, VAND DE J
STREET ADDRESS	128 EDWARDS AVENUE
CITY-ST-ZIP	CALVERTON LI
TITLE	P
NAME	BARRETT, DICK
STREET ADDRESS	901 4TH STREET N.W.
CITY-ST-ZIP	RUSKIN FL
TITLE	D
NAME	PULTE, RALPH
STREET ADDRESS	3551 NORTH US HWY 281
CITY-ST-ZIP	GRANDD ISLAND NE
TITLE	V
NAME	TOMASOVIC, JOHN L, JR
STREET ADDRESS	1251 MEIER LANE
CITY-ST-ZIP	ST LOUIS MO
TITLE	TS
NAME	HUGGINS, JAMES
STREET ADDRESS	822 TOWN RD
CITY-ST-ZIP	W CHICAGO IL
TITLE	D
NAME	HUDSON, GARY
STREET ADDRESS	1477 DREW AVE #105
CITY-ST-ZIP	DAVIS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	T <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Addition
3.2 NAME	JENNINGS, BRUCE
3.3 STREET ADDRESS	5300 KATHERINE AVE
3.4 CITY-ST-ZIP	DOWNERS GROVE IL 60515
4.1 TITLE	<input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JAN UMSTAD
5.3 STREET ADDRESS	622 TOWN RD
5.4 CITY-ST-ZIP	W CHICAGO IL 60185
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RUSSON, Jim
6.3 STREET ADDRESS	BOX 352
6.4 CITY-ST-ZIP	MADISON SD 57042

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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Richard E. Barrett DATE: 3-2-95 (813) 645-2528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #