

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 # **751291** (6)
1. Corporation Name
BEDDING PLANTS FOUNDATION, INC.



Principal Place of Business: **1980 N COLLEGE RD. MASON MI 48854**
Mailing Address: **1980 N COLLEGE RD. MASON MI 48854**

3. Date Incorporated or Qualified: **02/27/1980**
3a. Date of Last Report: **03/08/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2107070	Applied For	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No
	Country	30	Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HUMPHRIES, J. BOB 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WETERING, VAND DE J	1.2 NAME	D
STREET ADDRESS	128 EDWARDS AVENUE	1.3 STREET ADDRESS	WILLBRANDT, WILLIAM
CITY - ST - ZIP	CALVERTON LI	1.4 CITY - ST - ZIP	1980 N. COLLEGE RD
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	2.2 NAME	D
STREET ADDRESS	BARRETT, DICK	2.3 STREET ADDRESS	
CITY - ST - ZIP	901 4TH STREET N.W.	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	3.2 NAME	SHANK, MEREDITH
STREET ADDRESS	JENNINGS, BRUCE	3.3 STREET ADDRESS	
CITY - ST - ZIP	5300 KATRINE AVE	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	4.2 NAME	P
STREET ADDRESS	TOMASOVIC, JOHN L, JR	4.3 STREET ADDRESS	
CITY - ST - ZIP	1251 MEIER LANE	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	V
STREET ADDRESS	UMSTEAD, JAN	5.3 STREET ADDRESS	
CITY - ST - ZIP	622 TOWN RD	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	6.2 NAME	T
STREET ADDRESS	KUSSOW, JIM	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOX 352	6.4 CITY - ST - ZIP	
	MADISON SD		

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: *William Willbrandt* **4-11-96** **517 694 8537**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)