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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 48854-8348

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2107070	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLBRANDT, WILLIAM	1.2 NAME	
STREET ADDRESS	1980 N COLLEGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	MASON MI	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, DICK	2.2 NAME	
STREET ADDRESS	901 4TH STREET N.W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	RUSKIN FL	2.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANK, MEREDITH	3.2 NAME	
STREET ADDRESS	5300 KATRINE AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	DOWNERS GROVE IL	3.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASOVIC, JOHN L, JR	4.2 NAME	
STREET ADDRESS	1251 MEIER LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	4.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UMSTEAD, JAN	5.2 NAME	
STREET ADDRESS	622 TOWN RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	W CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSSOW, JIM	6.2 NAME	N/A
STREET ADDRESS	BOX 352	6.3 STREET ADDRESS	
CITY - ST - ZIP	MADISON SD	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: *William Willbrandt* REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-11-97
Daytime Phone #: 571/6948537

CR2E037 (9/96)