



## Statement of Ownership

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1. Publication Title <b>FLORIDA ENTOMOLOGIST</b>	2. Publication Number 0 0 1 5 - 4 0 4 0	3. Filing Date <b>9-12-17</b>
4. Issue Frequency <b>QUARTERLY</b>	5. Number of Issues Published Annually <b>4</b>	6. Annual Subscription Price (if any) <b>\$60.00</b>
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) <b>P. O. BOX 1007 LUTZ, FL 33548-1007</b>		Contact Person <b>T DUCHENE</b>  Telephone (Include area code) <b>813-903-9234</b>

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)

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**E. O. PAINTER PRINTING, P. O. BOX 877, DELEON SPRINGS, FL 32131**

Editor (Name and complete mailing address)

**PAMELA HOWELL, 16705 N. W. 165TH STREET, WILLISTON, FL 32696-4358**

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15. Extent and Nature of Circulation <b>EDUCATIONAL</b>		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
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17. Publication of Statement of Ownership for a Requester Publication is required and will be printed in the DECEMBER 2017 issue of this publication.

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<i>Pamela Howell, Managing Editor</i>	Date 9-29-17
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