



## 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>9-24-16</b>
4. Issue Frequency <b>QUARTERLY</b>	5. Number of Issues Published Annually <b>4</b>	6. Annual Subscription Price (if any) <b>\$40.00</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>
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17. Publication of Statement of Ownership for a Requester Publication is required and will be printed in the DECEMBER 2016 issue of this publication.

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<i>Jeresa Buchere</i>	9-29-16

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