

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822823 (1)
1. Corporation Name

FERRY-MORSE SEED COMPANY (CALIFORNIA)



Principal Place of Business
555 CODONI STREET
P.O. BOX 4938
MODESTO CA 95352-1938

Mailing Address
555 CODONI STREET
P.O. BOX 4938
MODESTO CA 95352-1938

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 9. Name and Address of Current Registered Agent

DEAN, JACK
6125 SE 46TH AVENUE ROAD
OCALA FL 34471

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/20/1969

3a. Date of Last Report

05/01/1995

4. FEI Number

94-1695235

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

1. Name

2. Street Address (P.O. Box Number is Not Acceptable)

3.

4. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HERNANDEZ, GILBERT
2220 CHEYENNE WAY
MODESTO CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MOORE, TOM
13809 TIRADALE COURT
BAKERSFIELD CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LEFEBVRE, PIERRE
63720 ENNEZAT
CHAPPEL, FRANCE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
QUESTE, YVES
3517 ARDIA AVE
MODESTO CA

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PARVEL, RICHARD
10325 ST. ANDREWS DRIVE
OAKDALE CA

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SILVA, PAT
1255 SWEETBRIER PLACE
MANTECA CA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY - ST - ZIP
MOORE, TOM

☒ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY - ST - ZIP

☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY - ST - ZIP
D
Antonio Neves
3528 Beresford Dr.
Modesto, CA 95357

☐ Change ☒ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY - ST - ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/96

209-579-7333

CR2E034 (12/95)