

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90072 049 \*\*\*150.00

0560279

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 822823**

1. Corporation Name  
**HARRIS MORAN SEED COMPANY**

Principal Place of Business <b>555 CODONI STREET</b> <b>P.O. BOX 4938</b> <b>MODESTO CA 95352-1938</b>	Mailing Address <b>555 CODONI STREET</b> <b>P.O. BOX 4938</b> <b>MODESTO CA 95352-1938</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/20/1969</b>		4. FEI Number <b>94-1695235</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>DEAN, JACK</b> <b>6125 SE 46TH AVENUE ROAD</b> <b>OCALA FL 34471</b>					10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	COO	<input type="checkbox"/> DELETE			
NAME	<b>GANAS, JEAN CHARLES</b>				
STREET ADDRESS	<b>3624 BALFOUR LN</b>				
CITY-ST-ZIP	<b>MODESTO CA 95357</b>				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	<b>ASHCRAFT, PHIL</b>				
STREET ADDRESS	<b>330 JACARANDA DR</b>				
CITY-ST-ZIP	<b>DANVILLE CA 94506</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>BERGER, FRANCK</b>				
STREET ADDRESS	<b>753 PARKSTON CT</b>				
CITY-ST-ZIP	<b>MODESTO CA 95357</b>				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	<b>SCHOENECKER, JOHN</b>				
STREET ADDRESS	<b>939 ELIZABETH ST</b>				
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94114</b>				
TITLE	V	<input checked="" type="checkbox"/> DELETE			
NAME	<b>FRAZIER, ROBERT</b>				
STREET ADDRESS	<b>1429 KINGSFIELD DR</b>				
CITY-ST-ZIP	<b>MODESTO CA 95350</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>SMITH, JAMES</b>				
STREET ADDRESS	<b>3513 DRALINGTON CT</b>				
CITY-ST-ZIP	<b>MODESTO CA 95356</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	<b>VP Production Oper. John Mizicko</b>				
5.3 STREET ADDRESS	<b>401 W. Union</b>				
5.4 CITY-ST-ZIP	<b>Modesto, CA 95356</b>				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 209-549-5202  
Date Daytime Phone #

CR2E034 (11/98)