SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 9:58

DOCUMENT # **844708** **(8)**

1. Corporation Name
FLORIDA SEED COMPANY, INC.

Principal Place of Business	Mailing Address
6000 SE 68TH ST. OCALA FL 32672-8439	6000 SE 68TH ST. OCALA FL 32672-8439

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1979**
3a. Date of Last Report: **06/15/1994**

2. Principal Place of Business	2a. Mailing Address
21 1925 N.E. 15th AVE.	26 P.O. BOX 2230
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: OCALA, FLORIDA	28 City & State: OCALA FLORIDA
24 Zip: 34470 25 Country: MARION	29 Zip: 34478 30 Country: MARION

4. FEI Number: **59-1930739** ☐ 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

9. Name and Address of Current Registered Agent

CROMARTIE, HUGH E
6000 SE 68 STREET
OCALA FL 32672

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	ALLRED, SHELTON E.	12 NAME	
STREET ADDRESS	JODIE PARKER ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	OZARK AL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	STEVENS, ALLEN R.	22 NAME	
STREET ADDRESS	6000 SE 68TH STREET	23 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	SCHAUBLE, CARL E.	32 NAME	
STREET ADDRESS	JODIE PARKER ROAD	33 STREET ADDRESS	
CITY ST ZIP	OZARK AL	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CROMARTIE, HUGH E	42 NAME	
STREET ADDRESS	6000 SE 68 STREET	43 STREET ADDRESS	
CITY ST ZIP	OCALA FL	44 CITY-ST-ZIP	
TITLE	VGM	51 TITLE	☐ Change ☐ Addition
NAME	ALUMS, HARRY	52 NAME	
STREET ADDRESS	6000 SE 68 STREET	53 STREET ADDRESS	
CITY ST ZIP	OCALA FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Harry Alums — HARRY ALUMS
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

6/16/95
Date

904-732-8150
Daytime Phone #

0112101 CP