

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **844945 (6)**
1. Corporation Name
PETOSEED CO., INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 4206 SATICOY CA 93007-1206

3. Date Incorporated or Qualified **01/11/1980** 3a. Date of Last Report **01/30/1995**
4. FEI Number **95-2252858** 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

2. Principal Place of Business 2a. Mailing Address
21 **1905 Lirio Avenue** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
Saticoy, CA 28
Zip Country Zip Country
24 **93007-4206** 25 **USA** 29 30

9. Name and Address of Current Registered Agent
**ANDERSON, RICK
2744 FOXDALE
DELTONA FL 32738**

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 or officer, if applicable. NOTE: Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	O'NEIL, LAWRENCE E	
STREET ADDRESS	1905 LIRIO AVE	
CITY-ST-ZIP	SATICOY, CA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHMIDT, DIETRICH	
STREET ADDRESS	1905 LIRIO AVE	
CITY-ST-ZIP	SATICOY, CA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LARKIN, JAMES	
STREET ADDRESS	1905 LIRIO AVENUE	
CITY-ST-ZIP	SATICOY, CA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	V T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Schmidt, Dietrich	
23 STREET ADDRESS	1905 Lirio Avenue	
24 CITY-ST-ZIP	Saticoy, CA 93007-4206	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Francisco Gonzalez Sebastia	
43 STREET ADDRESS	Ave Roble No 565 ote,	
44 CITY-ST-ZIP	66265 Garza Garcia, N.L. Mexico	
51 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Bernardo Jimenez Barrera	
53 STREET ADDRESS	Ave Roble No 565 ote.	
54 CITY-ST-ZIP	66265 Garza Garcia, N.L. Mexico	
61 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Howard S. Kelberg	
63 STREET ADDRESS	One Battery Park Plaza	
64 CITY-ST-ZIP	New York, NY 10004	

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 a subsequent filing with an address.

SIGNATURE: **Lawrence E. O'Neil, VP & Treasurer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/96

805-647-1188
Daytime Phone #

CR2E034 (12/95)