

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **357761** (6)

1. Corporation Name

KILGORE SEED COMPANY

Principal Place of Business

**1400 WEST FIRST STREET
SANFORD FL 32771**

Mailing Address

**1400 WEST FIRST STREET
SANFORD FL 32771**

2. Principal Place of Business

2a. Mailing Address

21 []

26 []

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 []

27 []

City & State

City & State

23 []

28 []

Zip

Country

Zip

Country

24 []

25 []

29 []

30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUNZKER, J HAROLD
352 TANGERINE ST
ALTAMONTE SPRINGS FL 32701**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **HUNZKER, J HAROLD**
STREET ADDRESS **352 TANGERINE ST.**
CITY- ST- ZIP **ALTAMONTE SPGS FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

Change Addition

TITLE **VD**
NAME **PERRON, LYDIA H**
STREET ADDRESS **1880 CLAYTON DR.**
CITY- ST- ZIP **ORLANDO FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

Change Addition

**254 Horse Cove Road
Gurley, AL 35748**

TITLE **STD**
NAME **HUNZKER, PATRICIA**
STREET ADDRESS **352 TANGERINE ST.**
CITY- ST- ZIP **ALTAMONTE SPGS FL**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(b), 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:

J. Harold Hunziker, Pres., 4/24/95 (407) 323-6630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(SEE INSTRUCTIONS)