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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90090 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 357761

1. Corporation Name

KILGORE SEED COMPANY

Principal Place of Business

1400 WEST FIRST STREET
SANFORD FL 32771 XXXX

Mailing Address

1400 WEST FIRST STREET
SANFORD FL 32771 XXXX

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1970

4. FEI Number

59-1417160

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 352 Tangerine Street

Suite, Apt. #, etc.

22 City & State
23 Altamonte Spgs, FL

24 Zip Country
32701 USA

2a. Mailing Address

26 P. O. Box 161527

Suite, Apt. #, etc.

27 City & State
28 Altamonte Spgs., FL

29 Zip Country
32716-1527 USA

9. Name and Address of Current Registered Agent

HUNZIKER, J HAROLD
352 TANGERINE ST
ALTAMONTE SPRINGS FL 32701

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

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 PD
NAME HUNZIKER, J HAROLD
STREET ADDRESS 352 TANGERINE ST.
CITY-STATE-ZIP ALTAMONTE SPGS FL ☐ DELETE

TITLE VD
NAME PERRON, LYDIA H
STREET ADDRESS 254 HORSE COVE RD
CITY-STATE-ZIP GURLEY AL ☐ DELETE

TITLE STD
NAME HUNZIKER, PATRICIA
STREET ADDRESS 352 TANGERINE ST.
CITY-STATE-ZIP ALTAMONTE SPGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 change, or on an attachment with an address, with all other like empowered

SIGNATURE:

J Harold Hunziker 4/23/99 (407) 339-8146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)