


FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725312 (3)
1. Corporation Name
FLORIDA SEED ASSOCIATION, INC.



Principal Place of Business 3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443	Mailing Address 3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443-0039
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3. Date Incorporated or Qualified 01/18/1973	3a. Date of Last Report 05/07/1996
4. FEI Number 59-1618977	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

9. Name and Address of Current Registered Agent OSWALD, JACK 3913 HWY. 71 GREENWOOD FL 32443	10. Name and Address of New Registered Agent
	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D ELLIS, DICK
STREET ADDRESS	P.O. BOX 771458 N/A
CITY-ST-ZIP	WINTER GARDEN FL 34777
TITLE	<input type="checkbox"/> DELETE
NAME	PD STEVENSON, JONATHON
STREET ADDRESS	3680 COUNTRY PLACE BLVD.
CITY-ST-ZIP	SARASOTA FL 34233
TITLE	<input type="checkbox"/> DELETE
NAME	VD ADAMS, HOWARD
STREET ADDRESS	P.O. BOX 1118 N/A
CITY-ST-ZIP	LEHIGH FL 33970-1118
TITLE	<input type="checkbox"/> DELETE
NAME	STD OSWALD, JACK
STREET ADDRESS	P.O. BOX 39 N/A
CITY-ST-ZIP	GREENWOOD FL 32443
TITLE	<input type="checkbox"/> DELETE
NAME	VD SAWYER, PAUL
STREET ADDRESS	6331 EMERALD BAY CT.
CITY-ST-ZIP	FT. MYERS FL 33908-5080
TITLE	<input type="checkbox"/> DELETE
NAME	D DOUGLASS, RODNEY
STREET ADDRESS	RT. 10, BOX 526J
CITY-ST-ZIP	LAKE CITY FL 32025

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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jack Oswald* **1-24-97** **904-594-4721**

CFR2E037 (9/96)