

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 725312 (3)**  
1. Corporation Name  
**FLORIDA SEED ASSOCIATION, INC.**



Principal Place of Business <b>3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443</b>	Mailing Address <b>3913 HWY. 71 P.O. BOX 39 GREENWOOD FL 32443</b>
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3. Date Incorporated or Qualified <b>01/18/1973</b>		
4. FEI Number <b>59-1618977</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**OSWALD, JACK  
3913 HWY. 71  
GREENWOOD FL 32443**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ 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 <b>D</b>	<b>ELLIS, DICK</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>2nd Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>P.O. BOX 771458 N/A</b>	1.2 NAME <b>Richard see</b>	
STREET ADDRESS	<b>WINTER GARDEN FL 34777</b>	1.3 STREET ADDRESS <b>13690 S.W. 248th Street</b>	
CITY-ST-ZIP		1.4 CITY-ST-ZIP <b>Princeton, FL 33032</b>	
TITLE <b>PD</b>	<b>STEVENSON, JONATHON</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>3680 COUNTRY PLACE BLVD.</b>	2.2 NAME	
STREET ADDRESS	<b>SARASOTA FL 34233</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>ADAMS, HOWARD</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>P.O. BOX 1118 N/A</b>	3.2 NAME	
STREET ADDRESS	<b>LEHIGH FL 33970-1118</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <b>STD</b>	<b>OSWALD, JACK</b> <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	<b>P.O. BOX 39 N/A</b>	4.2 NAME	
STREET ADDRESS	<b>GREENWOOD FL 32443</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<b>SAWYER, PAUL</b> <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	<b>6331 EMERALD BAY CT.</b>	5.2 NAME	
STREET ADDRESS	<b>FT. MYERS FL 33908-5080</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<b>DOUGLASS, RODNEY</b> <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	<b>RT. 10, BOX 526J</b>	6.2 NAME	
STREET ADDRESS	<b>LAKE CITY FL 32025</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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* 1-26-98 850-594-4721

CR2E037 (10/97)