

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 822823 (1)**  
 1. Corporation Name  
**FERRY-MORSE SEED COMPANY (CALIFORNIA)**

|   |   |
|---|---|
| Principal Place of Business<br><b>555 CODONI STREET<br/>P.O. BOX 4938<br/>MODESTO CA 95352-1838</b> | Mailing Address<br><b>555 CODONI STREET<br/>P.O. BOX 4938<br/>MODESTO CA 95352-4838</b> |
|---|---|



|                                |            |                     |            |   |  |
|--------------------------------|------------|---------------------|------------|---|--|
| 2. Principal Place of Business |            | 2a. Mailing Address |            | 3. Date Incorporated or Qualified<br><b>05/20/1969</b>  | 3a. Date of Last Report<br><b>04/10/1996</b> |
| 21 Suite, Apt. #, etc.         | 26         | 22 City & State     | 27         | 4. FEI Number<br><b>94-1695235</b>  | Applied For<br>Not Applicable                |
| 23 Zip                         | 25 Country | 28 Zip              | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
|                                |            |                     |            | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
|                                |            |                     |            | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |   |                       |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent                               |  | 10. Name and Address of New Registered Agent          |                       |
| <b>DEAN, JACK</b><br><b>6125 SE 46TH AVENUE ROAD</b><br><b>OCALA FL 34471</b> |  | 81 Name   |                       |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |                       |
|   |  | 83  |                       |
|   |  | 84 City   | <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D HERNANDEZ, GILBERT</b>     | 1.2 NAME  |  |
| STREET ADDRESS             | <b>2220 CHEYENNE WAY</b>        | 1.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MODESTO CA</b>               | 1.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D MOORE, TOM</b>             | 2.2 NAME  |  |
| STREET ADDRESS             | <b>13809 TIRADALE COURT</b>     | 2.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>BAKERSFIELD CA</b>           | 2.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D LEFEBVRE, PIERRE</b>       | 3.2 NAME  | <b>CEO</b>   |
| STREET ADDRESS             | <b>63720 ENNEZAT</b>            | 3.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>CHAPPES, FRANCE</b>          | 3.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PCOO QUESTE, YVES</b>        | 4.2 NAME  |  |
| STREET ADDRESS             | <b>3517 ARDIA AVE</b>           | 4.3 STREET ADDRESS                                    | <b>753 PARKSTON CT.</b>  |
| CITY - ST - ZIP            | <b>MODESTO CA</b>               | 4.4 CITY - ST - ZIP                                   | <b>MODESTO, CA 95355</b>   |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D ANTONIO NEVES</b>          | 5.2 NAME  |  |
| STREET ADDRESS             | <b>3528 BERESFORD DR.</b>       | 5.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MODESTO CA</b>               | 5.4 CITY - ST - ZIP                                   |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>D SILVA, PAT</b>             | 6.2 NAME  |  |
| STREET ADDRESS             | <b>1255 SWEETBRIER PLACE</b>    | 6.3 STREET ADDRESS                                    |  |
| CITY - ST - ZIP            | <b>MANTECA CA</b>               | 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **REQUIRED** **3/20/97** **209-579-7333**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E034 (9/96)