

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

FILED

Apr 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **844708** (8)

1. Corporation Name
FLORIDA SEED COMPANY, INC.



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| Principal Place of Business P.O. BOX 1589 OZARK AL 36360 US | Mailing Address P.O. BOX 1589 OZARK AL 36360 US |
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DO NOT WRITE IN THIS SPACE

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|--|--|--|--|---|--|
| 2. Principal Place of Business 21 4950 S. FRONTAGE RD Suite, Apt. #, etc. | | 2a. Mailing Address 26 4950 S. FRONTAGE RD Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 11/29/1979 | |
| 22 City & State 23 LAKELAND, FL Zip Country 24 33815 25 US | | 27 City & State 28 LAKELAND, FL Zip Country 29 33815 30 US | | 4. FEI Number 59-1930739 Applied For Not Applicable | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent STEVENS, ALLEN P. 4950 S. FRONTAGE RD LAKELAND FL 33815 | | 10. Name and Address of New Registered Agent 81 Name PROCTOR, Michael G. 82 Street Address (P.O. Box Number is Not Acceptable) 4950 S. FRONTAGE RD 83 84 City LAKELAND FL 85 Zip Code 33815 | |
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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 **Michael Proctor G.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ALLRED, SHELTON E. JODIE PARKER ROAD OZARK AL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V STEVENS, ALLEN R. 4950 S. FRONTAGE RD LAKELAND FL <input checked="" type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SANDELL, GARY A. JODIE PARKER RD OZARK, AL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST SCHAUBLE, CARL E. JODIE PARKER ROAD OZARK AL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 changed, or on an attachment with an address.

CR2E034 (10/97)