FILED

Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90030 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

 Corporation 	MENT # 844708 A SEED COMPANY, INC.					
Principal Place	of Business	Mailing Address			1 81811 81811 81811 61811 eterr	(88)
4950 S FRONTA		4950 S FRONTAGE RD				
LAKELAND FL 33815		LAKELAND FL 33815		DO NOT WOITE IN TH	IC CDACE	
US		us		DO NOT WRITE IN TH	IS SPACE	
				3. Date incorporated or Qualifed	•	
•				11/29/1979 4. FEI Number	Applied Fo	~
2. Principal Pl	ace of Business	2a. Mailing Address		59-1930739	Not Applic	
21	# -10	Suite, Apt. #, etc.			\$8.75 Addition	
Suite, Apt. :	#, etc.	27		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Bo	e
_	=	28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	_ 	0	Personal Property Tax.	☐ Yes ☐ No	
24	9. Name and Address of Curre	3		10. Name and Address of New Registers	d Agent	
			81 Name	•	, ,	
	CTOR, MICHAEL G.		82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
4950 S FRONTAGE RD				and the state of t	ANTEL PLAN STREET CLASS	9 /4 3/
LAKE	ELAND FL 33815		83			
			84 City		85 Zip Code	
_				<u> </u>	L	
11. Pursuant office or n agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig-	02 and 607.1508, Florida Statutes of Florida. Such change was aut ations of Section 607.0505, Florid	s, the above-named corp horized by the corporation da Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered	d l
SIGNATURE	Milat la	12010	tegistered Agent signature require			-
40	Signature, typed or primer hame of registered as	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12
12.	P	DELETE	1.1 TITLE	3,30		Addition
	ALLRED, SHELTON E.		1.2 NAME			{
NAME	JODIE PARKER ROAD		1.3 STREET ADDRESS			
STREET ADDRESS	OZARK AL		1.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	V V	☐ DELETE	2.1 TITLE		☐ Change ☐ A	Addition
	SANDELL, GARY A.	-	2.2 NAME			
NAME	JODIE PARKER RD		2.3 STREET ADORESS		•	
STREET ADDRESS	OZARK AL		2.4 CITY-ST-ZIP			۱ ۱
CITY-ST-ZIP	ST	# □ DELETE	3.1 TITLE		☐ Change ☐ A	Addition
NAME	SCHAUBLE, CARL E.	~ —	3.2 NAME			
STREET ADDRESS	JODIF PARKER ROAD		.3.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	all keen disks stall bear sta	n 35
	OZARK AL		3.4. C/TY-ST-ZIP		自認制。特別於	1 3
CITY-ST-ZIP TITLE	ODAWA NE	☐ DELETE	4.1 TITLE	1. 5 , 1. 6 5 7 6 67 2	- Change 🕠 🖸	Addition
NAME			4.2 NAME	•		
STREET ADDRESS	· ·		4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	·		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ /	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change /	Addition
NAME			6.2 NAME	·		
OTDEET ADDRESS	[5% 11 H		6.3 STREET ADDRESS			

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 seceiver 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 ap attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE