

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90016 003 ***550.00

DOCUMENT # 844708

1. Entity Name

FLORIDA SEED COMPANY, INC.

Principal Place of Business

4950 S FRONTAGE RD
LAKELAND FL 33815
US

Mailing Address

4950 S FRONTAGE RD
LAKELAND FL 33815
US

2. Principal Place of Business

4725 LAKELAND COMMERCIAL
SUITE, APT. #, ETC. PARKWAY
UNITS 19020

3. Mailing Address

4725 LAKELAND COMMERCIAL
SUITE, APT. #, ETC. PARKWAY
UNITS 19020

City & State

LAKELAND, FL

City & State

LAKELAND, FL

Zip

33805 - US

Zip

33805 - US

Country

US

4. FEI Number

59-1930739

Applied For

Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, MICHAEL G.
4950 S FRONTAGE RD
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name

JERNIGAN, SCOTT

Street Address (P.O. Box Number is Not Acceptable)

4725 LAKELAND COMMERCIAL PARKWAY

UNITS 19020

City

LAKELAND

FL

Zip Code

33805

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

SCOTT JERNIGAN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/8/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME ALLRED, SHELTON E.
STREET ADDRESS JODIE PARKER ROAD
CITY-ST-ZIP OZARK AL

TITLE V
NAME SANDELL, GARY A.
STREET ADDRESS JODIE PARKER RD
CITY-ST-ZIP OZARK AL

TITLE ST
NAME SCHAUBLE, CARL E.
STREET ADDRESS JODIE PARKER ROAD
CITY-ST-ZIP OZARK AL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/00

Date

334-774-2615

Daytime Phone #

CR2E034 (5/00)