**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
'95 APR 21 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F04619** **(5)**

1. Corporation Name
**HYBRI BEES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| RT. 1, BOX 1945<br>LA BELLE FL 33935 | RT. 1, BOX 1945<br>LA BELLE FL 33935 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/02/1980**
3a. Date of Last Report: **02/15/1994**

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

4. FEI Number: **59-2037647** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**MELVIN G GREENLEAF**
**471 N LEE ST**
**LABELLE FL 33935**

10. Name and Address of New Registered Agent

81 Name: DEAN BREAUX
82 Street Address (P.O. Box Number is Not Acceptable):
83: 11140 FERNWAY LANE
84 City: DADE CITY FL 85 Zip Code: 33525

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: Melvin G Greenleaf  Dean M. Breaux  4/18/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WEAVER, MORRIS | 1.2 NAME | | |
| STREET ADDRESS | 1118 NEAL STREET | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NAVASOTA, TX 77868 | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | YORK, HARVEY | 2.2 NAME | | |
| STREET ADDRESS | 412 W ORANGE ST | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JESUP, GA 00000 | 2.4 CITY-ST-ZIP | | |
| TITLE | D | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROBSON, WILLIAM | 3.2 NAME | | |
| STREET ADDRESS | 225 BAKEN | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | THIEF RIVER FALLS MN | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ADEE, RICHARD | 4.2 NAME | | |
| STREET ADDRESS | 300 JAY ST | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRUCE, SD 57220 | 4.4 CITY-ST-ZIP | | |
| TITLE | VPD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROBSON, DEWEY | 5.2 NAME | | |
| STREET ADDRESS | 338 JOAL DR | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CARRINGTON, ND 00000 | 5.4 CITY-ST-ZIP | | |
| TITLE | VP | 6.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | GREENLEAF, MELVIN G | 6.2 NAME | DEAN M. BREAUX | |
| STREET ADDRESS | 471 N LEE ST | 6.3 STREET ADDRESS | 11140 FERNWAY LANE | |
| CITY-ST-ZIP | LABELLE, FL 00000 | 6.4 CITY-ST-ZIP | DADE CITY FL 33525 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** Dean M. Breaux  4/18/95  904-521-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481R48 PP