

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001176 (5)

1. Corporation Name

IDENTITY SEED & GRAIN COMPANY

Principal Place of Business

455 MINUTEMEN CAUSEWAY
SUITE 34
COCOA BEACH FL 32931
US

Mailing Address

455 MINUTEMEN CAUSEWAY
SUITE 34
COCOA BEACH FL 32931
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

02/01/1996

2. Principal Place of Business

21 3950 S. Banana River Blvd.
Suite, Apt. #, etc.

2a. Mailing Address

26 3950 S. Banana River Blvd.
Suite, Apt. #, etc.

4. FEI Number

37-1165244

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KEMMERER, DAVID
1325 N. ATLANTIC AVE.
SUITE 34
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name David Kemmerer
82 Street Address (P.O. Box Number is Not Acceptable)
448 Carmine Dr
83
84 City Cocoa Beach FL 85 Zip Code 32931

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUEY, SAM
STREET ADDRESS 645 S. ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE V
NAME KEMMERER, DAVID
STREET ADDRESS 20 COUNTRY CLUB RD.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE STD
NAME HUEY, NANCY
STREET ADDRESS 645 S. ATLANTIC AVE.
CITY-ST-ZIP COCOA BEACH FL 32931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Vice President
2.2 NAME Kemmerer, David
2.3 STREET ADDRESS 448 Carmine Dr
2.4 CITY-ST-ZIP Cocoa Beach, FL 32931

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

DAVID KEMMERER

7/31/97 409 783 2333

CP2E034 (4/97)