


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000000775 (3) 1. Corporation Name SOUTHERN SEED CERTIFICATION ASSOCIATION, INC.					
Principal Place of Business PO BOX 2619 AUBURN AL 36831-2619			Mailing Address PO BOX 2619 AUBURN AL 36831-2619		
2. Principal Place of Business 21 South Donahue Dr. Suite, Apt. #, etc. 22 City & State 23 Auburn University, AL Zip 24 36849-4201		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 02/13/1997 4. FEI Number 63-1155077 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent FLORIDA FOUNDATION SEED PRODUCERS 3913 HIGHWAY 71 PO BOX 309 GREENWOOD FL 32443			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, JAMES E JR		1.2 NAME		
STREET ADDRESS	100 SHILO ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	HARTFORD AL 36344		1.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, SAMMY		2.2 NAME		
STREET ADDRESS	603 S. MALOY STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	OPP AL 36467		2.4 CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURDETT, ROBERT A		3.2 NAME		
STREET ADDRESS	SOUTH DONAHUE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN UNIVERSITY AL 36849		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, REX		4.2 NAME		
STREET ADDRESS	801 N. 9TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORDELE GA 31015		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, RAYMOND		5.2 NAME		
STREET ADDRESS	US HIGHWAY 41 SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLISTON FL 32696		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FORRESTER, GLENN		6.2 NAME		
STREET ADDRESS	6860 BILL YANCE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA AL 36319		6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Signature of Registered Agent*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076328

CR2E037 (10/97)