

Jan 21 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K74146 (7)

1. Corporation Name

SEEDSMITH'S OF THE SOUTHEAST, INC.

Principal Place of Business

Mailing Address

JAMES C. VOSS
5120 W BEAVER ST
JACKSONVILLE FL 32254
USJAMES C. VOSS
5120 W BEAVER ST
JACKSONVILLE FL 32254-2909
US3. Date Incorporated or Qualified
03/13/19893a. Date of Last Report
01/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VOSS, JAMES C.
5120 W BEAVER ST
JACKSONVILLE FL 32254

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 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE1.1 TITLE ☐ Change ☐ AdditionNAME
D
VOSS, JAMES C.
STREET ADDRESS
5120 W BEAVER ST
CITY - ST - ZIP
JACKSONVILLE FL1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE ☐ DELETE2.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE ☐ DELETE3.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE ☐ DELETE4.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE ☐ DELETE5.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE ☐ DELETE6.1 TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY - ST - ZIP6.2 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James C. Voss James C. Voss

Date

Daytime Phone #

1-9-97 904-781-9400