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May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25386 (4)  
1. Corporation Name  
DELTA AND PINE LAND COMPANY

Principal Place of Business 100 MAIN STREET P.O. BOX 157 SCOTT MS 38772	Mailing Address 100 MAIN STREET P.O. BOX 157 SCOTT MS 38772-0157
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 07/28/1989	3a. Date of Last Report 03/20/1996
4. FEI Number 62-1040440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBINSON, F.M.	
STREET ADDRESS	100 MAIN ST.	
CITY-ST-ZIP	SCOTT MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARNOLD, W.P.	
STREET ADDRESS	100 MAIN ST.	
CITY-ST-ZIP	SCOTT MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KIMMEL, D.L.	
STREET ADDRESS	100 MAIN ST.	
CITY-ST-ZIP	SCOTT MS	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	PALLIN, D.A.	
STREET ADDRESS	100 MAIN ST.	
CITY-ST-ZIP	SCOTT MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, H.B.	
STREET ADDRESS	100 MAIN ST.	
CITY-ST-ZIP	SCOTT MS	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DISMUKE, C.R.	
STREET ADDRESS	100 MAIN STREET	
CITY-ST-ZIP	SCOTT MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	W.A. Ellis, III	
1.3 STREET ADDRESS	100 Main Street	
1.4 CITY-ST-ZIP	Scott, MS 38772	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	James Willeke	
2.3 STREET ADDRESS	100 Main Street	
2.4 CITY-ST-ZIP	Scott, MS 38772	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W.T. Jagodinski	
3.3 STREET ADDRESS	100 Main Street	
3.4 CITY-ST-ZIP	Scott, MS 38772	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Edward A. Drummond	
4.3 STREET ADDRESS	100 Main Street	
4.4 CITY-ST-ZIP	Scott, MS 38772	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Earl Dykes	
5.3 STREET ADDRESS	100 Main Street	
5.4 CITY-ST-ZIP	Scott, MS 38772	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas A. Kerby	
6.3 STREET ADDRESS	100 Main Street	
6.4 CITY-ST-ZIP	Scott, MS 38772	

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:

W.T. Jagodinski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-97

Date

601-742-4000

Daytime Phone #

CR2E034 (9/96)