

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 <b>100 MAIN STREET          P.O. BOX 157          SCOTT MS 38772</b>	Mailing Address <b>100 MAIN STREET          P.O. BOX 157          SCOTT MS 38772</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>07/28/1989</b>	
<b>4. FEI Number</b> <b>62-1040440</b>		Applied For <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>110 NORTH MAGNOLIA ST.</b> <b>TALLAHASSEE FL 32301</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBINSON, F.M.			1.2 NAME	Willeke, James		
STREET ADDRESS	100 MAIN ST.			1.3 STREET ADDRESS	100 Main Street		
CITY-ST-ZIP	SCOTT MS			1.4 CITY-ST-ZIP	Scott, MS 38772		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ARNOLD, W.P.			2.2 NAME	Jagodzinski, W.T.		
STREET ADDRESS	100 MAIN ST.			2.3 STREET ADDRESS	100 Main Street		
CITY-ST-ZIP	SCOTT MS			2.4 CITY-ST-ZIP	Scott, MS 38772		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIMMEL, D.L.			3.2 NAME	Eduard A. Drummond		
STREET ADDRESS	100 MAIN ST.			3.3 STREET ADDRESS	100 Main Street		
CITY-ST-ZIP	SCOTT MS			3.4 CITY-ST-ZIP	Scott, MS 38772		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ELLIS III, W A			4.2 NAME	Dykes, Earl		
STREET ADDRESS	100 MAIN STREET			4.3 STREET ADDRESS	100 Main Street		
CITY-ST-ZIP	SCOTT MS			4.4 CITY-ST-ZIP	Scott, MS 38772		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, H.B.			5.2 NAME	Kerby, Thomas		
STREET ADDRESS	100 MAIN ST.			5.3 STREET ADDRESS	100 Main Street		
CITY-ST-ZIP	SCOTT MS			5.4 CITY-ST-ZIP	Scott, MS 38772		
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DISMUKE, C.R.			6.2 NAME			
STREET ADDRESS	100 MAIN STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	SCOTT MS			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 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 Dykes* *W T Dykes* *4/26/98* *11/17/98*

CR2E034 (10/97)