

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90130 005 ***150.00

DOCUMENT # P25386

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1989

4. FEI Number

62-1040440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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 P ☐ DELETE

NAME ROBINSON, F.M.
STREET ADDRESS 100 MAIN ST.
CITY-ST-ZIP SCOTT MS

TITLE VP ☐ DELETE

NAME JAGODINSKI, W T
STREET ADDRESS 100 MAIN ST.
CITY-ST-ZIP SCOTT MS

TITLE V ☐ DELETE

NAME KIMMEL, D.L.
STREET ADDRESS 100 MAIN ST.
CITY-ST-ZIP SCOTT MS

TITLE VP ☐ DELETE

NAME ELLIS III, W A
STREET ADDRESS 100 MAIN STREET
CITY-ST-ZIP SCOTT MS

TITLE V ☐ DELETE

NAME COLLINS, H.B.
STREET ADDRESS 100 MAIN ST.
CITY-ST-ZIP SCOTT MS

TITLE V ☐ 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 V Chairman ☒ Change ☒ Addition

1.2 NAME Robinson, F.M.
1.3 STREET ADDRESS 100 Main St.
1.4 CITY-ST-ZIP Scott, MS

2.1 TITLE President ☐ Change ☒ Addition

2.2 NAME Steven M. Hawkins, Steven M.
2.3 STREET ADDRESS 100 Main St.
2.4 CITY-ST-ZIP Scott, MS

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME Willeke, James
3.3 STREET ADDRESS 50th St.
3.4 CITY-ST-ZIP Lubbock, TX

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Rubida, Alan
4.3 STREET ADDRESS 100 Main St.
4.4 CITY-ST-ZIP Scott, MS

5.1 TITLE VP ☐ Change ☒ Addition

5.2 NAME Dykes, Earl
5.3 STREET ADDRESS 100 Main St.
5.4 CITY-ST-ZIP Scott, MS

6.1 TITLE VP ☐ Change ☐ Addition

6.2 NAME Kerby, Tom
6.3 STREET ADDRESS 100 Main St.
6.4 CITY-ST-ZIP Scott, MS

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, with all other like empowered.

SIGNATURE:

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

Date

601-742-4500
Daytime Phone #

CR2E034 (11/98)