FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31354 (4)

1. Corporation Name

SUNBELT SEEDS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 668 NORCROSS GA 30091	P.O. BOX 668 NORCROSS GA 30091

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 58-1389942 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEISS, CHRISTOPHER J.
C/O MAGUIRE, VOORHIS & WELLS, P.A.
2 SOUTH ORANGE PLAZA
ORLANDO FL 32801

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 _____ DATE
Signature, typed or printed name of registered agent and title of officer(s) (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOFT, JON	12 NAME	
STREET ADDRESS	P.O. BOX 147	13 STREET ADDRESS	
CITY-ST-ZIP	BOUND BROOK NJ	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, JOE	22 NAME	
STREET ADDRESS	2200 NORCROSS PKWY, #255	23 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MORGAN, HARRY	32 NAME	
STREET ADDRESS	6025 THE CORNERS, #100	33 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	ADAMS, WILLIAM H.	42 NAME	
STREET ADDRESS	2200 NORCROSS PKWY, #255	43 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3/1/95 404 449 1840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0390507 FP