

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 03 1997 8:00am
Secretary of State

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 30091-0668**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1990		3a. Date of Last Report 03/06/1996	
21	2200 Norcross Pkwy	26		4. FEI Number 58-1389942		Applied For <input type="checkbox"/> Not Applicable	
22	Suite, Apt. #, etc. Ste 255	27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State Norcross GA	28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip 30071	29	Country Gwinnett	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WEISS, CHRISTOPHER J. C/O MAGUIRE, VOORHIS & WELLS, P.A. 2 SOUTH ORANGE PLAZA ORLANDO FL 32801				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOFT, JON	1.2 NAME	Richard Budd
STREET ADDRESS	P.O. BOX 147	1.3 STREET ADDRESS	P. O. Box 26223
CITY- ST- ZIP	BOUND BROOK NJ	1.4 CITY- ST- ZIP	Winston-Salem, NC 27114
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, JOE	2.2 NAME	
STREET ADDRESS	2200 NORCROSS PKWY, #255	2.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	2.4 CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HARRY	3.2 NAME	
STREET ADDRESS	6025 THE CORNERS, #100	3.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	3.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, WILLIAM H.	4.2 NAME	
STREET ADDRESS	2200 NORCROSS PKWY, #255	4.3 STREET ADDRESS	
CITY- ST- ZIP	NORCROSS GA	4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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]* DATE: **2-28-97** DAYTIME PHONE: **770-448-9932**

CR2E034 (9/96)