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

Mailing Address

ROUTE 3

PROFIT CORPORATION ANNUAL REPORT



appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

ROUTE 3

DOCUMENT # P93000021836 (0)

SPRING SEED CO., INC.

BOX 1541 BOX 1541 LAKE BUTLER FL 32054 **LAKE BUTLER FL 32054-9512** 3. Date Incorporated or Qualified 3a. Date of Last Report 03/19/1993 03/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 59-3173208 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199,032, Yes 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name **ROUTE 3, BOX 1541** 82 Street Address (P.O. Box Number is Not Acceptable) LAKE BUTLER FL 32054 83 City 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. Signatina Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition DELETE Change 1.1 TITLE THLE DIX. R.T. 1.2 NAME NAME RT 3 BOX 1541 N/A STREET ADDRESS 1.3 STREET ADDRESS LAKE BULTER FL CITY - \$1 - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE THE 22 NAME NAME STREET ADDRESS 2.3 STREET ADORESS 2. 4 City-St-ZiP CHY-ST-Z-H DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. City-St-ZIP CHY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-SY-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZiP DELETE Addition 64 TITLE TITLE 62 NAME NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP CITY-ST-ZP 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