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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049167 (7)

FLORIDA SEEDING SERVICE, INC.

Principal Place of Business Mailing Address						<u> </u>					(10 \$ 00 6 1 00 6	
6	18 105TH A	VE N		618 105TH A	618 105TH AVE N							
NAPLES FL 33963				NAPLES FL :	NAPLES FL 33963				DO NOT WRITE IN THIS SPACE			
Ì									3. Date incorporated or Qualified			
İ									07/01/1994			
2.	Principal P	lace of Busin	ness	2a. Mailing Ad	2a. Mailing Address				4. FEI Number	10	oplied For	
21					26				65-05 18958		ot Applicable	
l	Suite, Apt. #, etc.				Suite, Apt. #, etc.						Additional	
22	22			27	27				5. Certificate of Status Desired	v	equired	
	City & Stat	ie		City & Sta	City & State				6. Election Campaign Financing	\$5.00	May Be	
23				28	28				Trust Fund Contribution	Added		
L	Zip	 		Zip	· —		Dountry		8. This corporation owes or has paid the	current year Int	angible	
24		25 29		3	0	Personal Property Tax due June 30.				No No		
	9. Name and Address of Current Registered Agent						1	Alama	10. Name and Address of New Registers	d Agent		
DEIFIK, CELIA E							1	Name				
2500 AIRPORT RD S						82	82 Street Address (P.O. Box Number is Not Acc					
		ITE 110										
NAPLES FL 33962						83						
						84	4	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 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 reagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										s registered registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12				AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	IS IN 12	
TIT	LE	D			☐ DELETE 1					Change	Addition	
NA	Æ GOODWIN, C. JAMES			. 12		1.2 NAME						
STF	STREET ADDRESS 618 105TH AVE N				1.3 \$			DDRESS				
CIT	NAPLES FL 33963							ZIP				
TIT	E				☐ DELETE 2.1		2.1 THILE		-	Change	☐ Addition	
NAI	ME					22 NAME	E					
STF	STREET ADDRESS			2.3 5		2.3 STREET ADDRESS						
CIT	CITY-ST-ZIP				2.40			- ZIP				
	TITLE			L	☐ DELETE 3.1 T					Change	Addition	
NAME				3.2 N						i		
STREET ADDRESS					3.3 STREET ADDRESS		DORESS					
_							3.4. CITY - ST - ZIP					
TIT				L	DELE TE	4.1 TITLE				L Change	Addition	
NAJ							4. 2 NAME					
	REET ADDRESS					4.3 STREE		I				
							4.4 CITY-ST-ZIP					
TITI	i F	ı		1 1	THEFT	S 1 TITLE				Change	Addition	

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 suppliemental 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 changest or on an altachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY+ST-ZIP

Change

■ Addition

FILED

Mar 26 1998 8:00am

Secretary of State