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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V28787** (2)

1. Corporation Name

INTEGRATED PLANT GENETICS, INC.



Principal Place of Business

**ONE PROGRESS BLVD.
ALACHUA FL 32615**

Mailing Address

**1340 NW 25TH TR.
GAINESVILLE FL 32605
US**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GABRIEL, DEAN W. DR.
1340 NW 25TH TR
GAINESVILLE FL 32605**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 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. Thereby accept the appointment as registered agent. I am familiar with and accept this only person or corporation as registered agent.

SIGNATURE

Dean W. Gabriel

4-10-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
**PD
GABRIEL, DEAN W. DR.
1340 N.W. 25TH TERRACE
GAINESVILLE FL**

12 NAME

STREET ADDRESS ☐ DELETE

13 STREET ADDRESS

CITY-STATE-ZIP ☐ DELETE

14 CITY-STATE-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME

22 NAME

STREET ADDRESS

23 STREET ADDRESS

CITY-STATE-ZIP

24 CITY-STATE-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

NAME

32 NAME

STREET ADDRESS

33 STREET ADDRESS

CITY-STATE-ZIP

34 CITY-STATE-ZIP

TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

NAME

42 NAME

STREET ADDRESS

43 STREET ADDRESS

CITY-STATE-ZIP

44 CITY-STATE-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not comply with the exemption set forth in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 as changed, or on an attachment with an asterisk.

SIGNATURE:

Dean W. Gabriel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

904-392-7239

CR2E034 (12/95)