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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:52

DOCUMENT # **419919** **(6)**

1. Corporation Name
BOBBY LEATHERMAN SEED & HAY, INC.

Principal Place of Business	Mailing Address
RURAL P O BOX 131 OXFORD FL ~~32684~~ 34484	RURAL P O BOX 131 OXFORD FL ~~32684~~ 34484

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/26/1973
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: 34484 Country — 30:

4. FEI Number: 59-1439617 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

LEATHERMAN, BOBBY
4420 SEABOARD ROAD
OXFORD FL 34484

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	LEATHERMAN, BOBBY	1.2 NAME	Bobby Leatherman	
STREET ADDRESS	4420 SEABOARD ROAD	1.3 STREET ADDRESS	4420 Seaboard Road	
CITY-ST-ZIP	OXFORD FL	1.4 CITY-ST-ZIP	Oxford, Fla. 34484	
TITLE	D	2.1 TITLE	Vice-President/Dor	☒ Change ☐ Addition
NAME	LEATHERMAN, IONA	2.2 NAME	Iona Leatherman	
STREET ADDRESS	4420 SEABOARD ROAD	2.3 STREET ADDRESS	4420 Seaboard Road	
CITY-ST-ZIP	OXFORD FL	2.4 CITY-ST-ZIP	Oxford, Fla. 34484	
TITLE	TD	3.1 TITLE	Sec -Treasurer- D	☒ Change ☐ Addition
NAME	LEATHERMAN, SANDRA L	3.2 NAME	Sandra L. Leatherman	
STREET ADDRESS	4420 SEABOARD RD	3.3 STREET ADDRESS	4420 Seaboard Road	
CITY-ST-ZIP	OXFORD FL	3.4 CITY-ST-ZIP	Oxford, Florida 34484	
TITLE	SD	4.1 TITLE	President- Director	☒ Change ☐ Addition
NAME	SMITH, DEBBIE A	4.2 NAME	Debbie A. Smith	
STREET ADDRESS	4420 SEABOARD RD	4.3 STREET ADDRESS	4420 Seaboard Road	
CITY-ST-ZIP	OXFORD FL	4.4 CITY-ST-ZIP	Oxford, Fla. 34484	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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: Bobby Leatherman 1/31/95 (904) 748-1628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0480040 FP