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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **790526** **(8)**

1. Corporation Name
FARMERS COOPERATIVE INC.

Principal Place of Business	Mailing Address
PO BOX 610 LIVE OAK FL 32060	PO BOX 610 LIVE OAK FL 32060-0610

3. Date Incorporated or Qualified: **03/20/1947**
3a. Date of Last Report: **04/16/1996**

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

4. FEI Number: **59-0566896** ☐ 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

WEEKS, SAM H.
1725 W. HOWARD STREET
LIVE OAK FL 32060

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 617.0502 and 617.1508, 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 617.0503, 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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GERALD GAMBLE		1.2 NAME	
STREET ADDRESS	ROUTE 5, BOX 1847/NA		1.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNETT, RAY		2.2 NAME	
STREET ADDRESS	RT 3, BOX 297/NA		2.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, SAM H.		3.2 NAME	
STREET ADDRESS	1725 W. HOWARD STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	J HUDSON LUNDY		4.2 NAME	
STREET ADDRESS	RT 2, BOX 225/NA		4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DASHER, KENNETH		5.2 NAME	
STREET ADDRESS	RT 3, BOX 320/NA		5.3 STREET ADDRESS	
CITY-ST-ZIP	MCALPIN FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	PUTNAL, LESTER		6.2 NAME	
STREET ADDRESS	RT 1, BOX 588		6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYO FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED 3/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000738