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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790526** (8)

1. Corporation Name

FARMERS COOPERATIVE INC.

Principal Place of Business

**PO BOX 610
LIVE OAK FL 32060**

Mailing Address

**PO BOX 610
LIVE OAK FL 32060**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

03/20/1947

4. FEI Number

59-0566896

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

**GERALD GAMBLE
ROUTE 5, BOX 1847/NA
LIVE OAK FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

**BURNETT, RAY
RT 3, BOX 297/NA
LIVE OAK FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**J HUDSON LUNDY
RT 2, BOX 225/NA
LIVE OAK FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**DASHER, KENNETH
RT 3, BOX 320/NA
MCALPIN FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

**PUTNAL, LESTER
RT 1, BOX 588
MAYO FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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☐ Addition

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 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:

SAM H. WEEKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/98
Date

Daytime Phone # 0000000

CR2E037 (10/97)