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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790526

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	03/20/1947
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0566896 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~XXXXXXXXXXXX~~ TODD LAWRENCE
1725 W. HOWARD STREET
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name: TODD LAWRENCE
82 Street Address (P.O. Box Number is Not Acceptable): 1725 W. HOWARD ST.
83: LIVE OAK, FL. 32064
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: Todd Lawrence — Signature, typed or printed name of registered agent and title if applicable.
Todd Lawrence (NOTE: Registered Agent signature required when reinstating)
DATE: 4/20/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GERALD GAMBLE ROUTE 5, BOX 1847/NA LIVE OAK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P E. RICHARD TERRY RT 1 BOX 2295 MADISON, FL. 32340	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BURNETT, RAY RT 3, BOX 297/NA LIVE OAK FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ARCHIE DAVIS RT 1 BOX 2500 LEE, FL. 32059	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WEEKS, SAM H. 1725 W. HOWARD STREET LIVE OAK FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SEC/TRES TODD LAWRENCE 1725 W. HOWARD ST. ~~LIVE OAK, FL. 32060~~	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D J HUDSON LUNDY RT 2, BOX 225/NA LIVE OAK FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JOHN C. WEBB RT 1 BOX 510 LEE, FL. 32059	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DASHER, KENNETH RT 3, BOX 320/NA MCALPIN FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D EDDY ROBERTS PO Box 184 OBRIEN, FL. 32071	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PUTNAL, LESTER RT 1, BOX 588 MAYO FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D JOAN NEWMAN RT 1 Box 667 MCALPIN, FL. 32062	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE~~ REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/20/99 — Date
904 362 1459 — Daytime Phone #

CR2E037 (11/98)