

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:45

DOCUMENT # 790659 (7)
1. Corporation Name

HIGHLANDS COUNTY FARM BUREAU, LAA

Principal Place of Business Mailing Address
6419 US 27 SOUTH SEBRING FL 33870

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1967	3a. Date of Last Report 02/22/1994
4. FBI Number 59-1028609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 6419 U.S. 27 South Suite, Apt. #, etc.	26 6419 U.S. 27 South Suite, Apt. #, etc.
22 City & State	27 City & State
23 Sebring, Florida Zip Country	28 Sebring, Florida Zip Country
24 33870 Highlands	29 33870 Highlands
30 Highlands	

9. Name and Address of Current Registered Agent
PAYNE, JOHN K
338 NW LAKEVIEW DR
SEBRING FL 33870

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STOKES, EDGAR E
STREET ADDRESS	6419 U.S. 27 SOUTH
CITY - ST - ZIP	SEBRING FL
TITLE	P
NAME	PAYNE, JOHN K
STREET ADDRESS	338 NW LAKEVIEW DR
CITY - ST - ZIP	SEBRING FL
TITLE	S
NAME	O'NEAL, ANN
STREET ADDRESS	6419 U.S. 27 SOUTH
CITY - ST - ZIP	SEBRING FL
TITLE	T
NAME	FENTRESS, PAM
STREET ADDRESS	6419 US 27 S
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	BISHOP, DONALD
STREET ADDRESS	1330 5TH AVENUE
CITY - ST - ZIP	SEBRING FL 33872
TITLE	VP
NAME	FUTCH, JEFF
STREET ADDRESS	6419 US 27 S
CITY - ST - ZIP	SEBRING FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Pam Fentress
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scott Crutchfield
5.3 STREET ADDRESS	1026 16th Avenue, Sebring, FL 33872
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jeff Futch
6.3 STREET ADDRESS	
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)(b), 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 register or trustee empowered to execute this report as required by Chapter 117, Florida Statutes, and that my name appears in Block 12 or Block 13 (checked), or on an attachment with an affidavit.

SIGNATURE: 2/16/95 813-335-5711
DATE: _____ REGISTERED AGENT: _____

Board of Directors

Continued

D
Charles Howerton
P.O. Box 642
Sebring, Florida 33871 NA

D
Danny Phypers
P.O. Box 818
Lake Placid, Florida 33862 NA

D
Perry Mason
P.O. Box 286
Lake Placid, Florida 33862 NA

D
John O'Neal
2706 Fairmont Drive
Sebring, Florida 33870

D
Greg Reynolds
521 Lake Francis Road
Lake Placid, Florida 33852

D
James Wohl
1800 S. St. Road 17
Avon Park, Florida 33825