FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790765 (2)

1. Corporation Name

NASSAU COUNTY FARM BUREAU LAA

Principal Place of Business	Mailing Address
PO DRAWER B 511 N. KINGS ROAD CALLAHAN FL 32011	PO DRAWER B 511 N. KINGS ROAD CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6177730 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

9. Name and Address of Current Registered Agent

HAROLD STOKES
305 KINGS RD
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name: MARTHA LYNN
82 Street Address (P.O. Box Number is Not Acceptable): RT 2 BOX 70
83: CALLAHAN, FL
84 City: FL 85 Zip Code: 32011

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: Martha A. Lynn, Pres. 3/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	STOKES,HAROLD	1.2 NAME	MARTHA LYNN	
STREET ADDRESS	RT. 1 BOX 666	1.3 STREET ADDRESS	RT 2 BOX 70	
CITY-ST-ZIP	BRYCEVILLE FL	1.4 CITY-ST-ZIP	CALLAHAN, FL. 32011	
TITLE	V	2.1 TITLE	VP	XX Change ☐ Addition
NAME	ROBINSON, ARNOLD	2.2 NAME	CLYDE MIZELL	
STREET ADDRESS	405 KINGS RD	2.3 STREET ADDRESS	SR 121/P O BOX 181	
CITY-ST-ZIP	HILLIARD FL	2.4 CITY-ST-ZIP	CALLAHAN, FL. 32011	
TITLE	S	3.1 TITLE	S	XX Change ☐ Addition
NAME	QUARRIER, GIL	3.2 NAME	ROBERT LAWRENCE	
STREET ADDRESS	RT. 4, BOX 1068 ARTESIA	3.3 STREET ADDRESS	RT. 3 BOX 829	
CITY-ST-ZIP	CALLAHAN FL	3.4 CITY-ST-ZIP	HILLIARD, FL. 32046	
TITLE	T	4.1 TITLE	T	XX Change ☐ Addition
NAME	LYNN, MARTHA	4.2 NAME	JAMES CUNNINGHAM, SR.	
STREET ADDRESS	RT 2, BOX 70	4.3 STREET ADDRESS	RT. 2 BOX 425	
CITY-ST-ZIP	CALLAHAN FL	4.4 CITY-ST-ZIP	HILLIARD, FL. 32046	
TITLE	D	5.1 TITLE	D	XX Change ☐ Addition
NAME	CUNNINGHHAM, SKIP	5.2 NAME	GIL QUARRIER	
STREET ADDRESS	RR 2 BOX 425	5.3 STREET ADDRESS	RT. 4 BOX 1068	
CITY-ST-ZIP	HILLIARD FL	5.4 CITY-ST-ZIP	CALLAHAN, FL. 32011	
TITLE	D	6.1 TITLE	D	XX Change ☐ Addition
NAME	LEWIS, BEN	6.2 NAME	HAROLD STOKES	
STREET ADDRESS	RT 1 BOX 225 B	6.3 STREET ADDRESS	RT. 1 BOX 666	
CITY-ST-ZIP	HILLIARD FL	6.4 CITY-ST-ZIP	BRYCEVILLE, FL. 32009	

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

SIGNATURE: Martha A. Lynn, Pres. 3/28/95 904-879-3456
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Title — Daytime Phone #