

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:11

DOCUMENT # 790997 (1)
1. Corporation Name

ALTHA FARMERS COOPERATIVE, INC.

Principal Place of Business RT 2 BOX 36 ALTHA FL 32421-9504	Mailing Address RT 2 BOX 36 ALTHA FL 32421-9504
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/16/1970	3a. Date of Last Report 03/15/1994
4. FEI Number 59-1306090	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 21 Hwy 71 North Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 25 Rt. 2 Box 36 Suite, Apt. #, etc. 27 City & State 28 Altha, Florida Zip 29 32421-9504	Country 30 Calhoun
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9. Name and Address of Current Registered Agent
PEACOCK, WILLIAM
RT. 2, BOX 295
ALTHA FL 32424

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 **FL**

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 _____ (NOTE: Registered Agent signature required when replacing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	STONE, JOHN W
STREET ADDRESS	1009 STONE RD
CITY - ST - ZIP	GRAND RIDGE FL 32442
TITLE	ST
NAME	PEACOCK, WILLIAM
STREET ADDRESS	RT. 2, BOX 295
CITY - ST - ZIP	ALTHA FL
TITLE	D
NAME	SIMS, JAMES H
STREET ADDRESS	1134 MULBERRY LANE
CITY - ST - ZIP	MARIANNA FL 32446
TITLE	P
NAME	WARD, GARY
STREET ADDRESS	RT 2 BOX 730
CITY - ST - ZIP	BLOUNTSTOWN FL 32424
TITLE	D
NAME	MELTON, DON
STREET ADDRESS	RT 2 BOX 101
CITY - ST - ZIP	ALTHA, FLORIDA 00000
TITLE	V
NAME	PRICE, WILLIAM D
STREET ADDRESS	ROUTE 1 BOX 77
CITY - ST - ZIP	BLOUNTSTOWN FL 32424

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in block 12 or block 13 if changed, or in an attachment with an address.

SIGNATURE: *Sandra B. Morham*
SECRETARY AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-95 904-762-3161