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FILED  
Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 790997 (1)

1. Corporation Name  
ALTA FARMERS COOPERATIVE, INC.



Principal Place of Business Mailing Address  
HWY 71 NORTH RT 2 BOX 36  
ALTA FL 32421-9504 ALTA FL 32421-9508  
US US

3. Date Incorporated or Qualified 03/16/1970  
3a. Date of Last Report 02/07/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1306090		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip Country	28	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PEACOCK, WILLIAM RT. 2, BOX 295 ALTA FL 32424				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	STONE, JOHN W			1.2 NAME	Edmond Tyre		
STREET ADDRESS	1009 STONE RD			1.3 STREET ADDRESS	Rt. 1 Box 209		
CITY-ST-ZIP	GRAND RIDGE FL 32442			1.4 CITY-ST-ZIP	Clarksville, FL 32430		
TITLE	ST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEACOCK, WILLIAM			2.2 NAME			
STREET ADDRESS	RT. 2, BOX 295			2.3 STREET ADDRESS			
CITY-ST-ZIP	ALTA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMS, JAMES H			3.2 NAME			
STREET ADDRESS	1134 MULBERRY LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MARIANNA FL 32446			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARD, GARY			4.2 NAME			
STREET ADDRESS	RT 2 BOX 730			4.3 STREET ADDRESS			
CITY-ST-ZIP	BLOUNTSTOWN FL 32424			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELTON, DON			5.2 NAME			
STREET ADDRESS	RT 2 BOX 101			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTA, FLORIDA 00000			5.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRICE, WILLIAM D			6.2 NAME			
STREET ADDRESS	ROUTE 1 BOX 77			6.3 STREET ADDRESS			
CITY-ST-ZIP	BLOUNTSTOWN FL 32424			6.4 CITY-ST-ZIP			

14. I do 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: \_\_\_\_\_ Secretary 1-10-97 904-762-3161

CR2E037 (9/96)