FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DOCUMENT #

790997

(1)

FILED
Jan 22 1998 8:00am
Secretary of State

ALTH/					
D1: 1: 10:	A FARMERS COOPERATIVE			-	
Principal Plac	ce of Business	Mailing Address			
HWY 71 NORTH RT 2 BOX 36 ALTHA FL 32421-9504 ALTHA FL 32421-9504 US US					3. Date Incorporated or Qualified 03/16/1970 4. FEI Number Applied For
0.01.01.01					59-1306090 Not Applicable
2. Principal Place of Business 2a. Mailing Address 21				5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be
22 27					Trust Fund Contribution Added to Fees
City & State					7. Is this nonprofit corporation a homeowners association?
Zip	Country	28 Zip	Countr		L Yes L No
24	25	 		У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
241	9. Name and Address of Currer		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	5. Numb and Address of Confe	it tiegisterea Agent	81	Name	10, Name and Address of New Registered Agent
DEACO	CV MILLIAM				
	CK, WILLIAM BOX 295		82	Street A	Address (P.O. Box Number is Not Acceptable)
,	FL 32424		83		
ALITA	FL 32424		**		
			84	City	FL 85 Zip Code
11 Durement	to the provisions of Sections 617 050	2 and 617 1509 Florida Statuta	the phoy	o pomod	
office or	registered agent, or both, in the State	of Florida. Such change was at	thorized b	y the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. La	am familiar with, and accept the oblig	ations of, Section 617.0503, Flor	ida Statute	s.	
SIGNATURE	Signature, typed or printed name of registered age	and life Hamiltonia (NOTE)	Continued As		required when reinstating) DATE
12.	OFFICERS AN		13.	ent signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	R V	☐ DELETE	1.1 TITLE		
NAME	STONE, JOHN W			- 1	D Change 🔀 Addition
STREET ADDRESS			1.2 NAME		D Change 🔀 Addition
	1009 STONE RD		1.2 NAME	r adoress	D Change X Addition Peacock, Mark
CITY-ST-ZIP	1009 STONE RD GRAND RIDGE FL 32442		1		D Change X Addition Peacock, Mark Rt. 2 Box 31-A
CITY-ST-ZIP TITLE		☐ DELETE	1,3 STREE		D Change X Addition Peacock, Mark
	GRAND RIDGE FL 32442	☐ DELETE	1,3 STREE 1,4 CMY-1		D Change X Addition Peacock, Mark Rt. 2 Box 31-A Altha, Florida 32421
TITLE	GRAND RIDGE FL 32442 ST	☐ DELETE	1,3 STREET 1,4 CITY - 5 2,1 TITLE	ST-ZIP	D Change X Addition Peacock, Mark Rt. 2 Box 31-A Altha, Florida 32421
TITLE NAME	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM	☐ DELETE	1.3 STREET 1.4 CITY - 5 2.1 TITLE 2.2 NAME	ST-ZIP T ADDRESS	D Change X Addition Peacock, Mark Rt. 2 Box 31-A Altha, Florida 32421
NAME STREET ADDRESS	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM RT. 2, BOX 295	☐ DELETE	1,3 STREE 1,4 CITY-5 2,1 TITLE 2,2 NAME 2,3 STREET	ST-ZIP T ADDRESS	D Change X Addition Peacock, Mark Rt. 2 Box 31-A Altha, Florida 32421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM RT. 2, BOX 295 ALTHA FL		1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-	ST-ZIP T ADDRESS	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM RT. 2, BOX 295 ALTHA FL D		1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE	ST-ZIP I ADDRESS ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM RT. 2, BOX 295 ALTHA FL D TYRD, EDMOND		1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME	T ADDRESS ST-ZIP ADDRESS	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	GRAND RIDGE FL 32442 ST PEACOCK, WILLIAM RT. 2, BOX 295 ALTHA FL D TYRD, EDMOND RT. 1, BOX 209		1.3 STREET 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREET	T ADDRESS ST-ZIP ADDRESS	D
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4. I hereby certify that the information supplied with this filing dees 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 rue 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 of 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:

WILLIAM TUPOCHEQUIRED

1-5-98

850-762-3161