


FILE NOW: FILING FEE IS \$61.25

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**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790997 (1)
 1. Corporation Name
ALTHA FARMERS COOPERATIVE, INC.

Principal Place of Business HWY 71 NORTH ALTHA FL 32421-9504 US	Mailing Address RT 2 BOX 36 ALTHA FL 32421-9504 US
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2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 03/16/1970		
4. FEI Number 59-1306090	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	FL
85 Zip Code	

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

12. OFFICERS AND DIRECTORS

TITLE	N V <input type="checkbox"/> DELETE
NAME	STONE, JOHN W
STREET ADDRESS	1009 STONE RD
CITY-ST-ZIP	GRAND RIDGE FL 32442
TITLE	ST <input type="checkbox"/> DELETE
NAME	PEACOCK, WILLIAM
STREET ADDRESS	RT. 2, BOX 295
CITY-ST-ZIP	ALTHA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TYRD, EDMOND
STREET ADDRESS	RT. 1, BOX 209
CITY-ST-ZIP	CLARKSVILLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	WARD, GARY
STREET ADDRESS	RT 2 BOX 730
CITY-ST-ZIP	BLOUNTSTOWN FL 32424
TITLE	D <input type="checkbox"/> DELETE
NAME	MELTON, DON
STREET ADDRESS	RT 2 BOX 101
CITY-ST-ZIP	ALTHA, FLORIDA 00000
TITLE	V <input checked="" type="checkbox"/> DELETE
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Peacock, Mark
1.3 STREET ADDRESS	Rt. 2 Box 31-A
1.4 CITY-ST-ZIP	Altha, Florida 32421
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 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: _____ **1-5-98 850-762-3161**

CR2E037 (10/97)