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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90047 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790997

1. Corporation Name
ALTHA FARMERS COOPERATIVE, INC.

144209 - 90047 - 47

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 26	3. Date Incorporated or Qualified 03/16/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1306090
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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

12. OFFICERS AND DIRECTORS

TITLE	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 checked="" 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	D	<input type="checkbox"/> DELETE
NAME	PEACOCK, MARK	
STREET ADDRESS	RT 2 BOX 31-A	
CITY-ST-ZIP	ALTHA FL 32421	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Price, David	
1.3 STREET ADDRESS	Rt. 1 Box 77	
1.4 CITY-ST-ZIP	Blountstown, Florida 32424	
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, with all other like empowered.

SIGNATURE: *William Peacock* **Signature Required** **Peacock, Secretary 1-8-99** **1-850-762-3161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)