


FILE-NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90058 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004712

1. Corporation Name

SOUTHERN STATES COOPERATIVE, INCORPORATED

Principal Place of Business
6606 WEST BROAD STREET
RICHMOND VA 23230

Mailing Address
PO BOX 26234
RICHMOND VA 23260

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1998

4. FEI Number

54-0387200

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 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

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 ☐ DELETE

NAME **P**
BOUTWELL, WAYNE A
STREET ADDRESS **10 RIVER COURT LANE**
CITY-ST-ZIP **RICHMOND VA 23233**

TITLE ☐ DELETE

NAME **S**
ANCARROW, N. H JR
STREET ADDRESS **921 SOUTH GASKINS ROAD**
CITY-ST-ZIP **RICHMOND VA 23233**

TITLE ☐ DELETE

NAME **T**
HAWKINS, JONATHAN A
STREET ADDRESS **3910 VICTORIA LANE**
CITY-ST-ZIP **MIDLOTHIAN VA 23113**

TITLE ☐ DELETE

NAME **C**
CAMPBELL, EARL L
STREET ADDRESS **705 SPEARS LANE**
CITY-ST-ZIP **DANVILLE KY 40422-9263**

TITLE ☐ DELETE

NAME **VC**
SMITH, J H
STREET ADDRESS **HC 64 BOX 22**
CITY-ST-ZIP **ROSEDALE VA 24280-9703**

TITLE ☐ DELETE

NAME **D**
BEAHM, MICHAEL W
STREET ADDRESS **4475 SANDERSON DRIVE**
CITY-ST-ZIP **ROANOKE VA 24019-7215**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

Director
1.2 NAME **Brady, James E., Jr.**
1.3 STREET ADDRESS **Route 2, Box 176**
1.4 CITY-ST-ZIP **Marion, AL 36756-9227**

2.1 TITLE ☐ Change ☒ Addition

Director
2.2 NAME **Daniel, Herbert A.**
2.3 STREET ADDRESS **Route 2, Box 94**
2.4 CITY-ST-ZIP **Claxton, GA 30417-9444**

3.1 TITLE ☐ Change ☒ Addition

Director
3.2 NAME **Davis, H. Michael**
3.3 STREET ADDRESS **3982 Bemiss Knights Academy Road**
3.4 CITY-ST-ZIP **Valdosta, GA 31605-4821**

4.1 TITLE ☐ Change ☒ Addition

Director
4.2 NAME **Norris, Fred K., Jr.**
4.3 STREET ADDRESS **133 Kings Grant Drive**
4.4 CITY-ST-ZIP **Eutawville, SC 29048-7824**

5.1 TITLE ☐ Change ☒ Addition

Director
5.2 NAME **Ogletree, Phil, Jr.**
5.3 STREET ADDRESS **379 Sanders Road**
5.4 CITY-ST-ZIP **Griffin, GA 30224**

6.1 TITLE ☐ Change ☐ 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 607, 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:



N. Hopper Ancarrow, Jr.

1-8-99

804-281-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)