FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # L29891 (3)FARMERS FEED, INC. Principal Place of Business Mailing Address 14648 7TH ST DADE CITY FL 33523 DADE CITY FL 33525 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/15/1989 2. Principal Place of Business 2a, Mailing Address Applied For 26 59:3027393 Not Applicable 21 Suite Apl # etc. Suite, Apt. #, etc. \$8.75 Additional X) 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country ^{Zip}335a3 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MATTOX, DON **14648 7TH STREET** 82 Street Address (P.O. Box Number is Not Acceptable) DADE CITY FL 33525 83 84 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, 1 am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and afte if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE TITLE DS MATTOX, DON NAME 1.2 NAME CR2E034 15831 JESSAMINE RD STREET ADDRESS 1.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MATTOX, PAMELA NAME 2.2 NAME 15831 JESSAMINE RD STREET ADDRESS 2.3 STREET ADDRESS DADE CITY FL CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition Change 3.1 TITLE TITLE · VICE - TRESIDENT NAME 3.2 NAME CASEY YY HILL LANE STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP FL 34602 CITY-ST-21P Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of an attachment with an address.

6.3 STREET ADDRESS

352-567-3568

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY - ST - ZIP