

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 657673

**FILED**  
**Apr 05, 2013**  
**Secretary of State**  
**CC4603838548**

**Entity Name:** MID-FLORIDA FARM PRODUCTS, INC.

**Current Principal Place of Business:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

569 EDGEWOOD AVENUE SOUTH  
JACKSONVILLE, FL 32205 US

**FEI Number:** 59-1992154

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RAX CO.  
50 N. LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	V
Name	MCARTHUR, WILLIAM A	Name	HENDRIX, CHARLES N
Address	569 EDGEWOOD AVENUE SOUTH	Address	569 EDGEWOOD AVENUE SOUTH
City-State-Zip:	JACKSONVILLE FL 32205	City-State-Zip:	JACKSONVILLE FL 32205

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** /S/ WILLIAM A. MCARTHUR

**PRESIDENT**

**04/05/2013**

Electronic Signature of Signing Officer/Director Detail

Date