FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **162185** **(3)**

1. Corporation Name

FARM SERVICE STORE, INC.

Principal Place of Business

N. MAIN ST.
TRENTON FL 32693

Mailing Address

PO BOX 416
TRENTON FL 32693
US

3. Date Incorporated or Qualified: **07/06/1950**

3a. Date of Last Report: **04/05/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **52-0615645** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILBUR C. BUSH
S.W. 5TH AVE.
TRENTON FL 32693

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 Section 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 _____ Date _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE ☐ Change ☐ Addition
NAME	BUSH,WILBUR C		2 NAME
STREET ADDRESS	BOX 416 S.W. 5TH AVE.		3 STREET ADDRESS
CITY-ST-ZIP	TRENTON FL		4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	2 1 TITLE ☐ Change ☐ Addition
NAME	KEELING, PEGGY B.		2 2 NAME
STREET ADDRESS	P.O. BOX 913, NA		2 3 STREET ADDRESS
CITY-ST-ZIP	TRENTON FL		2 4 CITY-ST-ZIP
TITLE	SD	☐ DELETE	3 1 TITLE ☐ Change ☐ Addition
NAME	BUSH,BETTY A		3 2 NAME
STREET ADDRESS	S.W. 5TH AVE.		3 3 STREET ADDRESS
CITY-ST-ZIP	TRENTON FL		3 4 CITY-ST-ZIP
TITLE		☐ DELETE	4 1 TITLE ☐ Change ☐ Addition
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY-ST-ZIP			4 4 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
TITLE		☐ DELETE	6 1 TITLE ☐ Change ☐ Addition
NAME			6 2 NAME
STREET ADDRESS			6 3 STREET ADDRESS
CITY-ST-ZIP			6 4 CITY-ST-ZIP

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: Betty A. Bush Betty A. Bush 1/16/96 904 463-2227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #