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

PROFIT

SIGNATURE:

Mar 23 1998 8:00am CORPORATION Sandra B. Mortham' ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (3) FARM SERVICE STORE, INC. Principal Place of Business Mailing Address N. MAIN ST. PO BOX 416 TRENTON FL 32693 TRENTON FL 32693 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/06/1950 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 52-0615645 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. Yes Yes ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILBUR C. BUSH S.W. 5TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) TRENTON FL 32693 вэ 84 City 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. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change TITLE DELETE 1.1 TITLE Addition **BUSH, WILBUR C** NAME 1.2 NAME BOX 416 S.W. 5TH AVE. 1.3 STREET ADDRESS STREET ADDRESS TRENTON FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change Addition KEELING, PEGGY B. NAME 2.2 NAME P.O. BOX 913, NA 2.3 STREET ADDRESS STREET ADDRESS TRENTON FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change __ Addition TITLE 3 1 TITLE BUSH, BETTY A NAME 3.2 NAME S.W. 5TH AVE. STREET ADORESS 3.3 STREET ADORESS TRENTON FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 54 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

FLORIDA DEPARTMENT OF STATE

FILED