FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790479 (0)

1. Corporation Name
COLUMBIA COUNTY FARM BUREAU LAA.

Principal Place of Business	Mailing Address
SOUTH ON HWY 47 RT.10.BOX 918 LAKE CITY FL 32025 US	SOUTH ON HWY 47 RT.10.BOX 918 LAKE CITY FL 32025 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/06/1944
3a. Date of Last Report: 05/20/1994
4. FEI Number: 59-1082806 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOSELEY, LAMAR
RT 1 BOX 918
FT. WHITE FL 32038

10. Name and Address of New Registered Agent

31 Name: LARRY GOCEK
32 Street Address (P.O. Box Number is Not Acceptable): RT 2 BOX 950
33
34 City: HIGH SPRINGS FL 35 Zip Code: 32643

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: Larry Gocek LARRY GOCEK, PRESIDENT/DIRECTOR 4/5/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	GOCEK, LARRY	1.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 2, BOX 950	1.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	HIGH SPRINGS FL	1.4 CITY-ST-ZIP	NO CHANGE	
TITLE	T	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MOSELEY, LAMAR	2.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 1, BOX 312	2.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	FT. WHITE FL	2.4 CITY-ST-ZIP	NO CHANGE	
TITLE	V	3.1 TITLE	D	☒ Change ☐ Addition
NAME	KING, RANDY	3.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 4, BOX 40	3.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	NO CHANGE	
TITLE	S	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TERRY, JAMES I.	4.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 5, BOX 606	4.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	LAKE CITY FL	4.4 CITY-ST-ZIP	NO CHANGE	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	TOWNSEND, W. H.	5.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 6, BOX 3060	5.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	NO CHANGE	
TITLE	P	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HILL, C. W.	6.2 NAME	NO CHANGE	
STREET ADDRESS	ROUTE 6, BOX 69	6.3 STREET ADDRESS	NO CHANGE	
CITY-ST-ZIP	LAKE CITY FL	6.4 CITY-ST-ZIP	NO CHANGE	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry Gocek Pres/DIRECTOR LARRY GOCEK, PRESIDENT/DIRECTOR 3-22-95 752-4003
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #