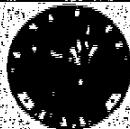


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:12

DOCUMENT # 790479 (0)

1. Corporation Name

COLUMBIA COUNTY FARM BUREAU LAA.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SOUTH ON HWY 47
RT.10 BOX 918
LAKE CITY FL 33025
US

SOUTH ON HWY 47
RT.10 BOX 918
LAKE CITY FL 33025
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

10/06/1944

06/20/1994

4. FEI Number

Applied For:

59-1082806

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 Suits, Apt. #, etc.

25 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

LARRY GOCEK

82 Street Address (P.O. Box Number is Not Acceptable)

RT. 2 BOX 950

83

84 City HIGH SPRINGS

FL

85 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 Goczek

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	GOCEK, LARRY
STREET ADDRESS	ROUTE 2, BOX 950
CITY-ST-ZIP	HIGH SPRINGS FL
TITLE	T
NAME	MOSELEY, LAMAR
STREET ADDRESS	ROUTE 1, BOX 312
CITY-ST-ZIP	FT. WHITE FL
TITLE	V
NAME	KING, RANDY
STREET ADDRESS	ROUTE 4, BOX 40
CITY-ST-ZIP	LAKE CITY FL
TITLE	S
NAME	TERRY, JAMES I.
STREET ADDRESS	ROUTE 5, BOX 808
CITY-ST-ZIP	LAKE CITY FL
TITLE	D
NAME	TOWNSEND, W. H.
STREET ADDRESS	ROUTE 8, BOX 3880
CITY-ST-ZIP	LAKE CITY FL
TITLE	P
NAME	HILL, C. W.
STREET ADDRESS	ROUTE 8, BOX 89
CITY-ST-ZIP	LAKE CITY FL

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	NO CHANGE	
1.3 STREET ADDRESS	NO CHANGE	
1.4 CITY-ST-ZIP	NO CHANGE	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	NO CHANGE	
2.3 STREET ADDRESS	NO CHANGE	
2.4 CITY-ST-ZIP	NO CHANGE	
3.1 TITLE	D	☒ Change ☐ Addition
3.2 NAME	NO CHANGE	
3.3 STREET ADDRESS	NO CHANGE	
3.4 CITY-ST-ZIP	NO CHANGE	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	NO CHANGE	
4.3 STREET ADDRESS	NO CHANGE	
4.4 CITY-ST-ZIP	NO CHANGE	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	NO CHANGE	
5.3 STREET ADDRESS	NO CHANGE	
5.4 CITY-ST-ZIP	NO CHANGE	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	NO CHANGE	
6.3 STREET ADDRESS	NO CHANGE	
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 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

Larry Goczek

LARRY GOCEK, PRESIDENT/DIRECTOR

3-22-95

752-4003

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #