

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 790484

(0)

1. Corporation Name

PINELLAS COUNTY FARM BUREAU LAA.



Principal Place of Business

Mailing Address

13589 66TH STREET, NORTH
LARGO FL 34641

13589 66TH STREET, NORTH
LARGO FL 34641

3. Date Incorporated or Qualified
06/12/1967

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-0792529

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

10. Name and Address of New Registered Agent

MCMULLEN, DANIEL
307 DANEMAN PT
PALM HARBOR FL 34683

NO LONGER BOARDMEMBER

81 Name

PRENTICE DORT

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

304 BAMBOO LANE

83

HARBOR BLUFF, FLA. 34640

84 City

(813) 584-7956

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

D. Prentice Dort

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | STEVE KOMLOS | |
| STREET ADDRESS | 216 DRIFTWOOD DR | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | PRESIDENT | <input type="checkbox"/> DELETE |
| NAME | PRENTICE DORT | |
| STREET ADDRESS | 304 BAMBOO LANE | |
| CITY-ST-ZIP | HARBOR BLUFF FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARRY HANCOCK | |
| STREET ADDRESS | 1749 BELLAIR ROAD | |
| CITY-ST-ZIP | CLEARWATER FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | EDWARDS, DONALD C. | |
| STREET ADDRESS | 2801 BRYANS LN. | |
| CITY-ST-ZIP | TARPON FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WHITTON, GIL | |
| STREET ADDRESS | 1300 CASA VISTA | |
| CITY-ST-ZIP | PALM HARBOR FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CASEY, GEORGE | |
| STREET ADDRESS | 2801 BRYANS LANE | |
| CITY-ST-ZIP | TARPON SPRINGS FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|--|
| 1.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RICHARD MILLER | |
| 1.3 STREET ADDRESS | 5800 SEMINOLE BLVD | |
| 1.4 CITY-ST-ZIP | SEMINOLE FLA. 34642 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DOUG CORBELL | |
| 3.3 STREET ADDRESS | 6330 RIDGE TOP RD. | |
| 3.4 CITY-ST-ZIP | NEW PORT RICHEY, FLA. 34655 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | AL REPETTO | |
| 5.3 STREET ADDRESS | 18200 US 19 N. | |
| 5.4 CITY-ST-ZIP | CLEARWATER, FLA. 34624 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 600001804426 | |
| 6.3 STREET ADDRESS | -05/02/96--01017--025 | |
| 6.4 CITY-ST-ZIP | ***\$1.25 | |

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)(k), 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

D. Prentice Dort President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/24/96 81353627161

Daytime Phone #

5-1-96

CR2E037 (12/95)