

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34841

13589 66TH STREET, NORTH
LARGO FL 34841



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1967

3a. Date of Last Report

05/01/1996

4. FEI Number

59-0792529

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 13596 66th St.,

2a. Mailing Address

25 13596 66th St.,

Suite, Apt. #, etc.

22 LARGO, FLA. 33771

Suite, Apt. #, etc.

27 LARGO, FLA. 33771

City & State

23

City & State

26

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

DORT, PRENTICE
304 BAMBOO LANE
HARBOR BLUFF FL 34840

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 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

Prentice Dort

PRESIDENT

7/25/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VP
STEVE KOMLOS
STREET ADDRESS
216 DRIFTWOOD DR
CITY-ST-ZIP
PALM HARBOR FL

TITLE ☐ DELETE

NAME
PD
PRENTICE DORT
STREET ADDRESS
304 BAMBOO LANE
CITY-ST-ZIP
HARBOR BLUFF FL

TITLE ☐ DELETE

NAME
D
HARRY HANCOCK
STREET ADDRESS
1749 BELLAIR ROAD
CITY-ST-ZIP
CLEARWATER FL

TITLE ☐ DELETE

NAME
T
EDWARDS, DONALD C.
STREET ADDRESS
2801 BRYANS LN.
CITY-ST-ZIP
TARPOON FL

TITLE ☐ DELETE

NAME
D
WHITTON, GIL
STREET ADDRESS
1300 CASA VISTA
CITY-ST-ZIP
PALM HARBOR FL

TITLE ☐ DELETE

NAME
D
CASEY, GEORGE
STREET ADDRESS
2801 BRYANS LANE
CITY-ST-ZIP
TARPOON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE *Prentice Dort* SIGNATURE REQUIRED

CR2E037 (4/97)

FILED
Jul 30 1997 8:00am
Secretary of State