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FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 790484

PINELLAS COUNTY FARM BUREAU LAA.

| Principal Place of Busines |
|---------------------------------|
| 13596 66TH ST LARGO FL 33771 |
| US |

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

13596 66TH ST LARGO FL 33771

2a. Mailing Address

Suite, Apt. #, etc.

US

26

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90066 017 ****61.25

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Applied For

3. Date Incorporated or Qualifed

06/12/1967

4. FEI Number

| 22 | 27 | | | | | | | 59-07925 | 529 | Not | Applicable_ | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------|------------------------|------------------|---------------------|--------------------------------------------------|-----------------|--------------------------|---------------------|--------------------|-------------------|----------------|--|
| City & Stat | | | | | | 5. Certificate of Status Desired | | | | | \$8.75 Additional | | |
| 23 | | 28 | 8 | | | | | J. Certificate C | | Fee Required | | | |
| Zip | Country | | Zip | Cour | ntry | 6. Election Campaign Financing | | | ' П | \$5.00 | May Be | | |
| 24 | 25 | 29 | | 30 | 30 | | | | Contribution | | Added to | Fees | |
| | 9. Name and Addres | s of Current Regis | stered Agent | | 7 | | 1 | 0. Name and | Address of New | Registered | Agent | | |
| • | | | | | 81 | Name | | | | | | ļ | |
| DORT, PRENTICE | | | | 82 | Street Ad | reet Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| 304 BAMBOO LANE | | | | | | | | | | | | | |
| HARBOR BLUFF FL 34640 | | | | 83 | | | | | | | | | |
| | | | | | 84 City 85 Zip Code | | | | | | | | |
| | | | | | | • | | | | <u>FL</u> | · | | |
| 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| | Signature, typed or printed name of | | | IOTE: Registered | Agent | signature requ | uired whe | | /CHANGES TO O | DATE EEICEDS AN | D DIRECTO | 2S IN 12 | |
| 12. | | FICERS AND DIRI | ECTORS | 13. | | 1. | JP | | CHANGES TO O | FFICERS AN | ☐ Change | Addition | |
| TITLE | VP | | DELETE | | | - 12 | 5 . A k | ard Mi | ller | | | | |
| NAME | STEVE KOMLOS | | | 1.2 NA | | | | Samir | role Blud | | | | |
| STREET ADDRESS | 210 DIM 11100D DI. | | | | | ADDRESS | 284 | atabla 1 | FL 3464 | 5 | | | |
| CITY-ST-ZIP | TALK TRUE TO SELECT | | | | Y-ST | ·ZIP | <u> </u> | under | PL 0909 | <u> </u> | Change | Addition | |
| TITLE | PD | | □ nere i≜ | | | | Каш | Routh | | | C) olialigo | 20,100,000 | |
| NAME | PRENTICE DORT | | | 2.2 NA | | | 223 | 7 Den | neret Dr. | | | | |
| STREET ADDRESS | | | | 1 | | ADDRESS | K | ا مناسم | =L 346 | 98 | | 1 | |
| CITY-ST-ZIP - | HARBOR BLUFF FL | | | 2. 4 CI | | -ZIP 1 | <u> </u> | reculti, i | L 390 | 10 | Change | Addition | |
| TITLE | D . | | | | | l k | ian | Brown | | | | J.S. | |
| NAME | HARRY HANCOCK | | | 3.2 NA | _ | - 1 1 | 146 | 15 58 | 5+.W. | | | | |
| STREET ADDRESS | 1740 00000 | | | | | | مام | 4410 | ter.FL3 | 3712 | מ | | |
| CITY-ST-ZIP | CLEARWATER FL | | DELETE | 3.4. CI | | | _ | | | 10 100 | Change | Addition | |
| TITLE | | • | € Dereie | | | 2 | ממב | ald Edu | ands | | | | |
| NAME | EDWARDS, DONALD | U. | | 4. 2 N | | ADDDESS I | 22 | 10 Ride | je Rd. | | | | |
| STREET ADDRESS | 2801 BRYANS LN. | | | | | | | | <u>33778</u> | | | | |
| CITY-ST-ZIP | TARPON FL | | DELETE | 4.4 CIT | _ | -ZIP L | m | 40. PC | 02 110 | | Change | (Self Addition | |
| TITLE | D | | A bettere | 5.1 III | | | } ∤ | brak | | | | 22 · | |
| NAME | WHITTON, GIL | | | | | | ص | Pindo F | Palm St. L | Ú. | | | |
| STREET ADDRESS | 1000 07.00 | | | 5.4 CI | | | ar | | 3377 | | | ļ | |
| CITY-ST-ZIP | PALM HARBOR FL | | DELETE | | | | | $\overline{\mathcal{J}}$ | | | Change | Addition | |
| TITLE | D OF OF OF OF | | | 6.2 NA | | ۵ | II R | epett | ے ک | | | | |
| NAME | CASEY, GEORGE | | | | | ADDRESS (| (2) | 11.5 | . 19 D. | | | | |
| STREET ADDRESS | | | | | | 7(0 | الموالة مالم | | er, FL 3L | ルルタ | | ľ | |
| CITY-ST-ZIP | TARPON SPRINGS F | L | Eliza doos not qualifi | 6.4 CI | | n stated in | n Secti | 00 110 07/3/ | i) Florida Statutes | I further cer | tifu that the in | formation | |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Profide 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 it 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 op an attachment with an address with all other like empowered.

SIGNATURE:

1-8-99 (727) 584.7956