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FILED

Feb 05 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 790624 (1)

1. Corporation Name

HARDEE COUNTY FARM BUREAU LAA

Principal Place of Business

HIGHWAY 17 NORTH  
RT 1. BOX 30  
WAUCHULA FL 33873

Mailing Address

HIGHWAY 17 NORTH  
RT 1. BOX 30  
WAUCHULA FL 33873-9709

2. Principal Place of Business

21 1017 U.S. HWY 17 NORTH

2a. Mailing Address

26 1017 U.S. HWY 17 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City &amp; State

23 WAUCHULA, FL

Zip

24 33873

Country

25 HARDEE

City &amp; State

28 WAUCHULA, FL

Zip

29 33873

Country

30 HARDEE

3. Date Incorporated or Qualified

04/07/1950

3a. Date of Last Report

01/24/1996

4. FEI Number

59-0752041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees8. 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

SMITH, ROBERT RAY  
MANLEY ROAD  
WAUCHULA FL 33873

Delete.

81 Name

GEORGE L. WADSWORTH SR.

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

1017 U.S. HWY 17 NORTH

83

84 City

WAUCHULA

FL

85 Zip Code

33873

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 617.0508, Florida Statutes.

SIGNATURE

George L. Wadsworth Sr.  
Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

1/29/97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD  
NAME TRAMMEL, JOHNNY  
STREET ADDRESS RT. 2 BOX 225  
CITY-ST-ZIP WAUCHULA FL  
[X] DELETE1.1 TITLE STD  
1.2 NAME DANIEL SMITH  
1.3 STREET ADDRESS 720 SIDNEY ROBERTS RD.  
1.4 CITY-ST-ZIP ONA, FL 33865  
[ ] Change [X] AdditionTITLE PD  
NAME ROYAL, DAVID  
STREET ADDRESS 308 RAINEY ST.  
CITY-ST-ZIP WAUCHULA FL  
[ ] DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
[ ] Change [ ] AdditionTITLE VD  
NAME NICKERSON, JOE  
STREET ADDRESS ED WELLS RD.  
CITY-ST-ZIP WAUCHULA FL  
[ ] DELETE3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
[ ] Change [ ] AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
[ ] Change [ ] AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
[ ] Change [ ] AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
[ ] DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
[ ] Change [ ] Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/29/97

Daytime Phone # 0054497

CR2E037 (9/96)