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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA 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

Mailing Address

1017 US HWY 17 N
WAUCHULA FL 33873
US

1017 US HWY 17 N
WAUCHULA FL 33873
US

3. Date Incorporated or Qualified

04/07/1950

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 Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WADSWORTH, GEORGE L
1017 US HWY 17 N
WAUCHULA FL 33873

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROYAL, DAVID
STREET ADDRESS 308 RAINEY ST.
CITY-ST-ZIP WAUCHULA FL

1.1 TITLE PD
1.2 NAME ROYAL, DAVID
1.3 STREET ADDRESS 308 RAINEY ST
1.4 CITY-ST-ZIP WAUCHULA FL 33873

TITLE VD
NAME NICKERSON, JOE
STREET ADDRESS ED WELLS RD.
CITY-ST-ZIP WAUCHULA FL

2.1 TITLE Robert P. Paris VD
2.2 NAME
2.3 STREET ADDRESS 715 Stenstrom Rd
2.4 CITY-ST-ZIP Wauchula, FL 33873

TITLE STD
NAME SMITH, DANIE
STREET ADDRESS 720 SIDNEY ROBERTS RD
CITY-ST-ZIP ONA FL

3.1 TITLE STD
3.2 NAME Smith, Daniel
3.3 STREET ADDRESS 720 Sidney Roberts Rd
3.4 CITY-ST-ZIP Ona, FL 33865

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

CR2E037 (10/97)

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05/26/98