

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

JUL 30 AM 8:51

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790624

1. Corporation Name

HARDEE COUNTY FARM BUREAU LAA

Principal Place of Business

1017 US HWY 17 N
WAUCHULA FL 33873
US

Mailing Address

1017 US HWY 17 N
WAUCHULA FL 33873
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/07/1950
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0752041
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
		Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 ROYAL, DAVID <input type="checkbox"/> DELETE	1.1 TITLE	PD Royal, David <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	308 RAINEY ST.	1.2 NAME	308 Bell Street
STREET ADDRESS	WAUCHULA FL 33873	1.3 STREET ADDRESS	Wauchula, FL 33873
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARIS, ROBERT P	2.2 NAME	Gary Shiver
STREET ADDRESS	715 STENSTROM RD	2.3 STREET ADDRESS	P.O. Box 450
CITY-ST-ZIP	WAUCHULA FL 33873	2.4 CITY-ST-ZIP	Zolfo Springs, FL 33890
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	SMITH, DANIEL	3.2 NAME	
STREET ADDRESS	720 SIDNEY ROBERTS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ONA FL 33865	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

DAVID B. ROYAL - PRES. 7/22/99 941-773-3117

CR2E037 (5/99)