**FILE NOW: FILING FEE IS \$61.25** NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** 

## **FILED** Feb 10 1998 8:00am Secretary of State

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DOCUMENT # 790637 (3)				
LEON COUNTY FARM BUREAU LAA				·
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Principal Place of Business Mailing Address				
1188 CAPITAL CIRCLE SE 1166 CAPITAL CIRCLE SE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				3. Date Incorporated or Qualified
INCLAIMOSEE	TC 02001	TALLAMAGGEE PE 32901		06/12/1967
				4. FEI Number Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address				
21 26			5. Certificate of Status Desired See Required Fee Required	
Sulte, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22         27           City & State         City & State			Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?	
23 28			Yes X No	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	9, Name and Address of Curren	29	30	Personal Property Tax due June 30. Yes X No  10. Name and Address of New Registered Agent
	8, Hallie and Agoress of Conten	it Magistalan Agailt	81 Name	
ROBERTS, STEPHEN G.			82 Street	Address (P.O. Box Number is Not Acceptable)
1168 CAPITAL CIR SE				Address (F.O. Box Number is Not Acceptable)
Tallahas <b>se</b> e fl 32301			83	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Floride Statutes, the				
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	and the state of t		onda ondicators.	
Signature, typed or printed name of registered agent and title if applicable. (NOTE:		E: Registered Agent signature		
12. TITLE	OFFICERS AND	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
NAME	ROBERTS, WILLIAM T		1.2 NAME	
STREET ADDRESS	7107 ROBERSTS RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	
TITLE	ST MILLIAMS OF OR ID	☐ DELETE	2.1 TITLE	Change Addition
NAME STREET ADDRESS	WILLIAMS, CECIL JR RT 7, BX 970-B		2.2 NAME 2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, STEVE		3.2 NAME	
STREET ADDRESS	7007 ROBERTS RD		3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	TALLAHASSEE FL D	☐ DELET <b>E</b>	3.4. CITY - ST - ZIP 4.1 TITLE	Change Addition
NAME	FOGARTY, JIM	□ bettie	4.1 MLE 4. 2 NAME	Change C Author
STREET ADDRESS	RT 2, BOX 4390-95	,	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32327		4.4 CITY - ST - ZIP	
TITLE	D	₩ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, PHYLLIS		5.2 NAME	
STREET ADDRESS	RT 3, BOX 571-A TALLAHASSEE FL 32308		5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	D	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME	STOKES, LINDA		6.2 NAME	
STREET ADDRESS	7007 ROBERTS RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		6.4 CITY-ST-ZIP	
14 I haraby o	artifuthat the information aunalised wi	th this filing does not qualify fo	r the everenties state	od in Section 110 07/3\(\)(i) Elevida Statutes I further codify that the information

indicated on this annual report or supplied with this niling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied entral 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 original 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 or as machines with an address.

02-15-98

(850) 877-6581

D FOGARTY, BARBARA 56 CONNIE DR. CRAWFORDVILLE, FL 32327

D POPPELL, BOB 2703 BRENNER PASS TALLAHASSEE, FL 32303

D HEITMEYER, LAWRENCE 615 PAUL RUSSEL RD. TALLAHASSEE, FL 32301

D KEENAN, DON 2838 W.W. KELLY RD. TALLAHASSEE, FL 32311

D JOHNSTON, TONY 6100 WALKABOUT LN. TALLAHASSEE, FL 32308

D HALL, JIMMY SR. 14015 ROCOCO RD. TALLAHASSEE, FL 32308

D HALL, JIMMY JR. 14033 ROCOCO RD. TALLAHASSEE, FL 32308

D CONRAD, JACK RT. 31 BOX 198 TALLAHASSEE, FL 32312