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Apr 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790659 (7)

1. Corporation Name

HIGHLANDS COUNTY FARM BUREAU, LAA

Principal Place of Business

6419 US 27 SOUTH
SEBRING FL 33870

Mailing Address

6419 US 27 SOUTH
SEBRING FL 33870-57123. Date Incorporated or Qualified
06/12/19673a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 6419 U.S. 27 South
Suite, Apt. #, etc.

2a. Mailing Address

26 6419 U.S. 27 S
Suite, Apt. #, etc.4. FEI Number
59-1028609Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

PAYNE, JOHN K
338 NW LAKEVIEW DR
SEBRING FL 33870

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

TITLE D
NAME STOKES, EDGAR E
STREET ADDRESS 6419 U.S. 27 SOUTH
CITY-ST-ZIP SEBRING FL
☐ DELETETITLE P
NAME PAYNE, JOHN K
STREET ADDRESS 338 NW LAKEVIEW DR
CITY-ST-ZIP SEBRING FL
☐ DELETETITLE S
NAME O'NEAL, ANN
STREET ADDRESS 6419 U.S. 27 SOUTH
CITY-ST-ZIP SEBRING FL
☐ DELETETITLE VP
NAME FENTRESS, PAM
STREET ADDRESS 6419 US 27 S
CITY-ST-ZIP SEBRING FL
☐ DELETETITLE D
NAME BISHOP, DONALD
STREET ADDRESS 1330 5TH AVENUE
CITY-ST-ZIP SEBRING FL 33872
☒ DELETETITLE D
NAME FUTCH, JEFF
STREET ADDRESS 6419 US 27 S
CITY-ST-ZIP SEBRING FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

JOHN K. PAYNE 4/17/97

941-385-5141

Date

Daytime Phone # 0054280

CR2E037 (9/96)