Apr 30, 2001 8:00 am 8 Secretary of State

04-30-2001 90136 023 ****61.25

DOCUMENT # 790667

1. Entity Name

PASCO COUNTY FARM BUREAU LIMITED AGRICULTURAL AS

| Mailing Address | | | | |
|--------------------------------------|---|--|--|--|
| 12445 U.S. 301 DADE CITY FL 33525 | | | | |
| 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | | | |
| City & State | | | | |
| | 12445 U.S. 301 DADE CITY FL 33525 3. Mailing Address Suite, Apt. #, etc. | | | |

| · · · · · · · · · · · · · · · · · · · | | | Maining Address | | | | | | | | |
|---|---------------------------------|--|---|--|-----------------|---------------------------------------|-------------------|-------------------------------|--------------------------|-------------------|--------------|
| 12445 U.S. 301 DADE CITY FL 33525 | | 12445 U.S. 301 DADE CITY FL 33525 | | | | | | | | | |
| | | | | | | (((((((((((((((((((| | ill (88) (18 | ALANI ALAHI ALAHI A | inii aigu iani | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | City & State | | 4. FEI Number 59-0829841 | | | | Applied For Not Applicable | | | |
| Zip | | Country | Zip | Country | | 5. Certificate | of Status Desired | | \$8.75 Add | ditional | |
| | 6. Name | and Address of Current | Registered Agent | | | 7. Name and | Address of New F | Registered | Agent | * | 7 |
| ·=>C=> | | - <u>-</u> - | | Name | | | | | | | 1 |
| SCHRADER, TED 32745 PENNSYLVANIA AVE DADE CITY FL 33525 | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | City | | · · · · · · · · · · · · · · · · · · · | ſı. | Fl | Zip Cod | е | - |
| 8. The above | named entit | y submits this statement fo | the purpose of changing its | registered office | or registere | ed agent, or bot | | orida. | | | ┪ |
| SIGNATURE | | or printed name of registered agent | | :: Registered Agent sign | | | | DATE | | | |
| | | | | | | | | | | | 1 |
| | FILE FEE IS | | 9. Election Campaign Trust Fund Contribu | | \$5.00 Added | 0 May Be to Fees | | | Payable to t of State | 1 | |
| 10. | | OFFICERS AND DIF | ECTORS | 11. | A | ADDITIONS/CHA | ANGES TO OFFICE | RS AND D | IRECTORS IN | 10 | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 16528 JE | PATRICIA SSAMINE RD | ☐ Delete | TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | | ☐ Change | Addition | F037 (10/00) |
| TITLE | TD | Y FL 33525 | ☐ Delete | TITLE | | | | | ☐ Change | ☐ Addition | 187 197 |
| NAME Street Address City-St-Zip | GORE, FI 7750 GAL ZEPHYRH | | | NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD WEAVER, 36802 SU | | ∑X Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 41040 | son, Wilt) Simpson City, FI | ı Farm Lane | • | ☐ Change | ₹ Addition | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | R, TED NNSYLVANIA AVE Y FL 33525 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 12349 | Curley | | , | ☆ Change | ☐ Addition | 1 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | Addition | 1 |
| TITLE NAME STREET ADDRESS | | | ☐ Delete | TITLE NAME STREET ADDRESS | | | | | ☐ Change | ☐ Addition | 1 |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment of the corporation of the receiver of trustee empowered.

SIGNATURE:

352)567-9441