FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790674 (6)

1. Corporation Name
WASHINGTON COUNTY FARM BUREAU LIMITED AGRICULTURAL ASSOCIATION

Principal Place of Business
AGRICULTURAL ASSOCIATION
509 WEST JACKSON AVENUE
CHIPLEY FL 32428

Mailing Address
AGRICULTURAL ASSOCIATION
509 WEST JACKSON AVENUE
CHIPLEY FL 32428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1967
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1058078 — Applied For / Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CHRISTMAS, R B
1916 PALMVIEW RD
COTTONDALE FL 32431

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: R. Bruce Christmas — 4/17/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AUKEMA, ARTHUR	12 NAME	
STREET ADDRESS	RT 7, BOX 198 Hwy 90	13 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	D ☒ Change ☐ Addition
NAME	CHESSER, ROBERT	22 NAME	ROBERT CHESSER
STREET ADDRESS	RT. 1 BOX 81 Millers Ferry Rd	23 STREET ADDRESS	RT 1 Box 81 Millers Ferry Rd
CITY-ST-ZIP	VERNON FL	24 CITY-ST-ZIP	Vernon, Fl. 32462
TITLE	DS	31 TITLE	DVP ☐ Change ☒ Addition
NAME	CHESSER, EFFIE	32 NAME	LUCKETT COLLINS
STREET ADDRESS	RT. 1 BOX 81	33 STREET ADDRESS	P.O. Box 484 Westwest Rd
CITY-ST-ZIP	VERNON FL	34 CITY-ST-ZIP	Chipley, Fl. 32428
TITLE	TD	41 TITLE	TSD ☒ Change ☐ Addition
NAME	WILLIAMS, LAVERNE	42 NAME	LAVERNE WILLIAMS
STREET ADDRESS	RR 7, BOX 650 Hwy 77	43 STREET ADDRESS	Rt 7 Box 650 Hwy 77
CITY-ST-ZIP	CHIPLEY FL	44 CITY-ST-ZIP	Chipley, Fl. 32428
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SLOAN, CHARLES	52 NAME	
STREET ADDRESS	210 HWY 277 SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	HARTZOG, ROLAND	62 NAME	
STREET ADDRESS	RT 5, BOX 344 Hwy 276	63 STREET ADDRESS	
CITY-ST-ZIP	CHIPLEY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R. Bruce Christmas — 4/17/95 — 904-638-1786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0028428