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 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **790741** **(3)**

1. Corporation Name

GULF COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
HWY 71 S. P.O. BOX 706 WEWAHITCHKA FL 32465-0706	HWY 71 S. P.O. BOX 706 WEWAHITCHKA FL 32465-0706

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1955**

3a. Date of Last Report: **05/26/1994**

4. FEI Number: **59-6177725** ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

L.L. LANIER
HWY. 71 SOUTH
WEWAHITCHKA FL 32465

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	LANIER,L L	12 NAME		
STREET ADDRESS	HWY 71 SOUTH	13 STREET ADDRESS		
CITY ST ZIP	WEWAHITCHKA FL	14 CITY ST ZIP		
TITLE	V	21 TITLE	C.R. Laird - V. Pres.	☑ Change ☐ Addition
NAME	~~LINTON, WILLIAM~~	22 NAME	Hwy 71 S	
STREET ADDRESS	~~HWY 71 N~~	23 STREET ADDRESS	Wewahitchka, FL. 32465	
CITY ST ZIP	~~WEWAHITCHKA FL~~	24 CITY ST ZIP		
TITLE	S	31 TITLE		☐ Change ☐ Addition
NAME	JONES, MILDRED	32 NAME		
STREET ADDRESS	HWY 71 S.	33 STREET ADDRESS		
CITY ST ZIP	WEWAHITCHKA FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CURTIS	42 NAME		
STREET ADDRESS	120 LAKE GROVE RD	43 STREET ADDRESS		
CITY ST ZIP	WEWAHITCHKA FL	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	PEAK, PAUL	52 NAME		
STREET ADDRESS	RT1, BOX 660	53 STREET ADDRESS		
CITY ST ZIP	WEWAHITCHKA FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CLECKLEY, CHARLES	62 NAME		
STREET ADDRESS	RIVER ROAD	63 STREET ADDRESS		
CITY ST ZIP	WEWAHITCHKA 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)(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: L.L. Lanier - L.L. Lanier, President 5-1-95 904-674-5471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0029317