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FILED
Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790741** (3)

1. Corporation Name

GULF COUNTY FARM BUREAU, LAA



Principal Place of Business HWY 71 S. P.O. BOX 706 WEWAHITCHKA FL 32465-0706	Mailing Address HWY 71 S. P.O. BOX 706 WEWAHITCHKA FL 32465-0706
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3. Date Incorporated or Qualified

11/12/1955

4. FEI Number

59-6177725

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

32465

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIER, L L	1.2 NAME	
STREET ADDRESS	HWY 71 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAIRD, C R	2.2 NAME	
STREET ADDRESS	HWY 71 S	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MILDRED	3.2 NAME	
STREET ADDRESS	HWY 71 S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CURTIS	4.2 NAME	
STREET ADDRESS	120 LAKE GROVE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLECKLEY, CHARLES	5.2 NAME	
STREET ADDRESS	RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEWAHITCHKA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

3-31-98 (850)639-5679

CR2E037 (10/97)