**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 APR -4 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790770 (2)

1. Corporation Name
**DUVAL COUNTY FARM BUREAU LAA**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 5542 DUNN AVENUE<br>JACKSONVILLE FL 32218 | 5542 DUNN AVENUE<br>JACKSONVILLE FL 32218 |

3. Date Incorporated or Qualified: 09/27/1957
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-0936100 ☐ 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 / Country 25 | Zip 29 / Country 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**

FORSHEE, JOE, JR.
11864 DUVAL RD
JACKSONVILLE FL 32218

**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: Joe Forshee Jr PRESIDENT 1-20-95
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 | P | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | FORSHEE, JOE JR. | 1.2 NAME | | |
| STREET ADDRESS | 11863 DUVAL ROAD | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 FL | 1.4 CITY-ST-ZIP | | |
| TITLE | VP | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LOOP, DAVID | 2.2 NAME | | |
| STREET ADDRESS | 5542 DUNN AVE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 2.4 CITY-ST-ZIP | | |
| TITLE | DT | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GORE, JOHN | 3.2 NAME | | |
| STREET ADDRESS | 5542 DUNN AVENUE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 3.4 CITY-ST-ZIP | | |
| TITLE | DT | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOORE, CURTIS E. | 4.2 NAME | | |
| STREET ADDRESS | 5542 DUNN AVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 4.4 CITY-ST-ZIP | | |
| TITLE | DT | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | GEIGER, ELWOOD | 5.2 NAME | | |
| STREET ADDRESS | 5542 DUNN AVE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | 5.4 CITY-ST-ZIP | | |
| TITLE | ST | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CLARK, LOUIS V. | 6.2 NAME | | |
| STREET ADDRESS | 5542 DUNN AVE. | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 6.4 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:** Joe Forshee Jr President 2-4-95 904-765-1795
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMENTS