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 27 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790789 (2)

1. Corporation Name
HILLSBOROUGH COUNTY FARM BUREAU, LAA.

Principal Place of Business	Mailing Address
100 S MULRENNAN ROAD VALRICO FL 33594	100 S MULRENNAN ROAD VALRICO FL 33594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/1958
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-0730009 ☐ 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

DAVIS, ROY G.
3216 MC INTOSH ROAD
DOVER FL 33527

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	DAVIS, ROY G.	12 NAME	
STREET ADDRESS	3216 MC INTOSH ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	DOVER FL 33527	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	SANCHEZ, TODD	22 NAME	VP
STREET ADDRESS	1331 10TH AVE S.E.	23 STREET ADDRESS	LANCE HAM
CITY-ST-ZIP	RUSKIN FL 33570	24 CITY-ST-ZIP	1406 JOE MCINTOSH RD PLANT CITY, FL 33565
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, JOALICE	32 NAME	
STREET ADDRESS	408 W. RENFROE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33566	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	TR ☒ Change ☐ Addition
NAME	DUKES, STEVE	42 NAME	DANIEL KUSHMER
STREET ADDRESS	14210 WALDEN SHEFIELD ROAD	43 STREET ADDRESS	6121 ADAMSVILLE ROAD
CITY-ST-ZIP	DOVER FL 33527	44 CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	KUSHMER, DAN	52 NAME	WALTER HARKALA
STREET ADDRESS	1233 PINEY BRANCH ROAD	53 STREET ADDRESS	1121 W. MCGEE ROAD
CITY-ST-ZIP	VALRICO FL 33594	54 CITY-ST-ZIP	PLANT CITY, FL 33565
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: [signature] TREASURER 4-20-95 813-685-5673
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053007