FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNÚÁL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

790789 DOCUMENT #

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HILL SROROLIGH	COLINTY	FARM	RIIRFAU.	LAA.

HILLSBOROUGH COUNTY FARM BUREAU, LAA.					<u> </u>				
Principal Place	of Business	Mailing Address							
100 S MULRE	NNAN ROAD	100 S MULRENNAN ROAD)						
VALRICO FL 33594 VALRICO FL 33594				Date Date	of Last Re	aport			
					 Date Incorporated or Qualified 10/01/1958 	3a. Date	/27/199	5	
		2a. Maiting Address			4. FEI Number		<u> </u>	plied For	
	ace of Business	26. IVIANING AGGICGS			59-0730009		- +	ot Applicable	
21 Suito Ant	Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required					
22	#, etc.	27					\$5.00		
City & State	θ	City & State			Election Campaign Financing Trust Fund Contribution			to Fees	
23		28	Col	untry	This corporation has liability for its corporation as the state of the state o	intangible tax	under s. 1	99.032,	
Zip	Country	Zip 29	30	, ,	Florida Statutes	_J Yes L∐i	NO		
24	9. Name and Address of Currer		11		10. Name and Address of New R	legistered A	gent		
	S. Italiio Cit.			81 Name	S CARLION				
DAVIS. I	ROY G.			82 Street Ag	Address (P.O. Box Number is Not Acceptable) S. MULRENNAN ROAD				
	C INTOSH ROAD				S. MUDRENNAN KOND				
	FL 33527			83					
				84 City	7.00	FL	85 Zip	Code 3 5 9 4	
		a Lorz 4500 Florido Stobuto	e the ah	Ove-named corr	poration submits this statement for the pu	rpose of char	nging its re	gistered office	
11. Pursuant	to the provisions of Sections 617.050 ered agent or both, in the State of Flor	ida. Such change was authorize	d by the	corporation's b	poration submits this statement for the pupard of directors. I hereby accept the app	cointment as	egistereo a	agent. rain	
familiar v	with, and accept the obligations of Sec	tion 617.0503, Florida Stalules	(X)	(K L)	DENNIS 4	1-16-9	16	,	
SIGNATURE			1 1	e 1 Agentgnatre req		DATE		li di	
12.		ND DIRECTORS	13		ADDITIONS/CHANGES TO OF	FICERS AND	Change	Addition	
TITLE	J OP	□ XOELETE			PD	L		-	
NAME	DAVIS, ROY G.				DENNIS CARLTON	חמח		ļ	
STREET ADDRESS	S 3216 MC INTOSH ROAD				100 S. MULRENNAN	594			
CITY-ST-ZIP	DOVER FL 33527	₹ 0€LETE			$rac{ extsf{VALRICO}, extsf{FL}}{ extsf{VP}} rac{33}{D}$	JJ	Change	Addition	
TITLE	VP LANCE	1.Xocco			RON O'HARA				
NAME	HAM, LANCE 1406 JOE MCINTOSH ROAD)		STREET ADDRESS	13133 LEWIS GALLA	GHER F	₹D	ļ	
STREET ADDRES	PLANT CITY FL	•	2	4 CITY - ST - ZIP	DOVER, FL 33527			X Addition	
CITY-ST-ZIP TITLE	SD	[DELETE	3 1	TITLE	s D		Change	PT MOUNT	
NAME	MCDONALD, JOALICE	Α		NAME :	JEMY HINTON				
STREET ADDRES	408 W. RENFROE STREET			STREET ADDRESS	1610 N. TAYLOR RD	10			
CITY-ST-ZIP	PLANT CITY FL 33566	- Fabrust		4 CITY-ST-ZIP	BRANDON, FL 335	. 	Change	Addition	
TITLE	TR DANGER DANGE	∏ DELETE		1 TITLE 2 NAME	T D			-	
NAME	KUSHMER, DANIEL			3 STREET ADDRESS	WALTER HARKALA				
STREET ADDRES	6121 ADAMSVILLE ROAD GIBSONTON FL			4 CITY - ST - ZIP	1121 W MCGEE RD PLANT CITY, FL 3	3565		- Names	
CITY-ST-ZIP	D GIBSUNTON FL	DELETE		1 TITLE			Change	Addition	
TITLE NAME	HARKALA, WALTER	• •	5	2 NAME					
STREET ADDRE	1404 M MOGEE BOAD		5	3 STREET ADDRESS	2000019	221	67		
CITY-ST-ZIP	PLANT CITY FL			4 CITY - ST - ZIP	7000018 	10440	Change	Addition	
TITLE		DELETE		1 THLE	***61.25	-	•	>2,	
NAME			1	2 NAME 3 STREET ADDRESS				75.1	
			- 1	LA SINCE (MUUNLOO	•			,	

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 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 certify 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 12 if changed, or on an attachment with an address.

SIGNATURE: SUGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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