

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 790789 (2)**

1. Corporation Name

**HILLSBOROUGH COUNTY FARM BUREAU, LAA.**



Principal Place of Business

**100 S MULRENNAN ROAD  
VALRICO FL 33594**

Mailing Address

**100 S MULRENNAN ROAD  
VALRICO FL 33594**

3. Date Incorporated or Qualified  
**10/01/1958**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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  
DENNIS CARLTON  
82 Street Address (P.O. Box Number is Not Acceptable)  
100 S. MULRENNAN ROAD  
83  
84 City  
VALRICO, FL 85 Zip Code  
33594**

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]*

(Not a Registered Agent signature required when reappointing)

*[Signature]*

DATE

**4-16-96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS, ROY G.	
STREET ADDRESS	3216 MC INTOSH ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAM, LANCE	
STREET ADDRESS	1406 JOE MCINTOSH ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, JOALICE	
STREET ADDRESS	408 W. RENFROE STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	KUSHMER, DANIEL	
STREET ADDRESS	6121 ADAMSVILLE ROAD	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARKALA, WALTER	
STREET ADDRESS	1121 W. MCGEE ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DENNIS CARLTON	
13 STREET ADDRESS	100 S. MULRENNAN ROAD	
14 CITY-ST-ZIP	VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	VP D	
22 NAME	RON O'HARA	
23 STREET ADDRESS	13133 LEWIS GALLAGHER RD	
24 CITY-ST-ZIP	DOVER, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
31 TITLE	S D	
32 NAME	JEMY HINTON	
33 STREET ADDRESS	1610 N. TAYLOR RD	
34 CITY-ST-ZIP	BRANDON, FL 33510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
41 TITLE	T D	
42 NAME	WALTER HARKALA	
43 STREET ADDRESS	1121 W MCGEE RD	
44 CITY-ST-ZIP	PLANT CITY, FL 33565	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
51 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**700001822167  
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SIGNATURE

*[Signature]*

**4-16-96**

Date

**813-685-9121**

Daytime Phone