9/8

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 19, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # 790796 DUNTY FARM BUREAU LAA			/		09-08-2002	2 901 29 (016 **	***61.25	
Principal Pla	ace of Business	Mailing Address								
2810-A HWY PANAMA CIT		P.O. BOX 728 PANAMA CITY FL 32402	·							
[/a . /a .	Place of Business MOS (EY DRIVE	3. Mailing Address	.							
Lyww	t, #, etc. HAVEN, FL	Suite, Apt. #, etc.]	DO NOT WRITE IN	THIS SPACE	Ξ		
City & Sta	ate	City & State			4. FEI Number 5	9-6177716			plied For]
32,440	Country Bay	Zip	Countr		5. Certificate of St			Not Addit lequired		1
	6. Name and Address of Current F	Registered Agent			_7Name and Add	ress of New Regist	ered Agent			1
MASHBU	RN, ARTHUR B			larne J.Arr Breet Address (1538	P.O. Box Number is PRIM ROS	AUPHIN Not Acceptable) SE LANE			<u></u>	
12UT3 HA PANAMA	Kuser RD/ City FL/32404			PANAM	2 + 1			240	4	1
			7	City		-	FL Zi	p Code		1
O. THE BEST	e named antity submits this statement for	the purpose of changing its ri	egistered c	office or register	ed agent, or both, in	the State of Florida.	i am ramilia	i win, a	old accept	1
SIGNATURE	ations of registered agent.	Shin - Jame	Pegistered Age	DAUP int signature required	PHIN TO	Make C	9-5- DATE	- <i>02</i>	2	
SIGNATURE	Superior of registered agent. Superior of registered agent and superior of registered agent and superior super	9. Election Camp Trust Fund Co	es M Registered Age paign Finar antribution.	DAUP ont signature required	when reinstating) \$5.00 May Be Added to Fees	Make C	9-5- Check Payer	- 02 able to State	2	
SIGNATURE	Suparure, typed or printed name of registered agent at After September 13, 2002, min. will be \$238.25.	9. Election Camp Trust Fund Co	Registered Age paging Finar antribution.	DAUP In signature required Incing I	ST. O May Be Added to Fees	Make C Depar	9-5- Check Payer Theck Payer Thent of	- 02 able to State	0	(2)
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SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	After September 13, 2002, min. will be \$238.25. OFFICERS AND DIRE PD MASHBURN, ARTHUR B 12013 HAUSER RD PANAMA CITY FL 32404 VD WRIGHT, JIMMY	9. Election Camp Trust Fund Co	Pes Manager Age Design Finar Design Finar	DAUP Misignature required Incing PRES Jim DRESS // Al/A. VICE CONTROL CONTROL PRESS // Al/A.	\$5.00 May Be Added to Fees ODITIONS/CHANGE ident My Waigh 7 VALENTINE HASSE, FL PRESIDENT	Make C Depar S TO OFFICERS AN T Rd. South 32317	9-5- Check Pays tment of S	able to State PRS IN 10	0	CR2E037 (4/02)
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	Superior of registered agent. Superior of registered agent. Superior of registered agent. After September 13, 2002, min. will be \$236.25. OFFICERS AND DIRE PD MASHBURN, ARTHUR B 12013 HAUSER RD PANAMA CITY FL 32404 VD WRIGHT, JIMMY 307-FLOYD DRIVE- LYNN HAVEN FL 32444	9. Election Camp Trust Fund Co	Pegistered Age paign Finar portribution. 11. TITLE NAME STREET AD CITY-ST-2 HILE NAME STREET AD CITY-ST-2	DAUP Misignature required Incing PRES Jim DRESS // Al/A. VICE CONTROL CONTROL PRESS // Al/A.	**S.00 May Be Added to Fees **DDITIONS/CHANGE INC. **TOTAL CONTROL **TOTAL **TOTAL CONTROL **TOTAL CONT	Make C Depar S TO OFFICERS AN T Rd. South 32317	9-5- Check Payer Theck Payer The P	able to State PRS IN 10 ange	O Addition	CR2E037 (4/02)
SIGNATURE 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent at Signature, typed or printed name of registered agent at After September 13, 2002, min. will be \$236.25. OFFICERS AND DIRE PD MASHBURN, ARTHUR B 12013 HAUSER RD PANAMA CITY FL 32404 VD WRIGHT, JIMMY 307-FLOYD DRIVE-	9. Election Camp Trust Fund Co ECTORS Delete	Pes Manager Age Design Finar Design Finar	DAUF Manual Signature required A price Signature DRESS 1051 DRESS 1051 All A VICE GOULD DRESS 221 LYN DRESS LYN LYN DRESS 221	\$5.00 May Be Added to Fees ODITIONS/CHANGE ident My Waigh 7 VALENTINE HASSE, FL PRESIDENT	Make C Depar S TO OFFICERS AN T Rd. South 32317	9-5- Check Pays tment of S	able to State PRS IN 10 ange	O Addition	CR2E037 (4/02)
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 ecliver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR 9-5-02

87/3072

Daytime Phone #