

FILED

Sep 19, 2002 8:00 am
Secretary of State

09-08-2002 90129 016 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 790796

1. Entity Name

BAY COUNTY FARM BUREAU LAA

Principal Place of Business

2810-A HWY 77
PANAMA CITY FL 32405
US

Mailing Address

P.O. BOX 728
PANAMA CITY FL 32402

2. Principal Place of Business

303 Mosley Drive

3. Mailing Address

Suite, Apt. #, etc.

LYNN HAVEN, FL

Suite, Apt. #, etc.

City & State

City & State

Zip

32444

Country

Bay

Zip

Country

4. FEI Number

59-6177716

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MASHBURN, ARTHUR B
12013 HAUSER RD
PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name: JAMES M. DAUPHIN

Street Address (P.O. Box Number is Not Acceptable)
1538 PRIMROSE LANE

PANAMA CITY FL

32404

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: James M. Dauphin - James M. DAUPHIN TO DIRECTOR 9-5-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MASHBURN, ARTHUR B	
STREET ADDRESS	12013 HAUSER RD	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, JIMMY	
STREET ADDRESS	307-FLOYD DRIVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	

TITLE	SD	<input type="checkbox"/> Delete
NAME	PETTY, FRED	
STREET ADDRESS	P O BOX 828	
CITY-ST-ZIP	FOUNTAIN FL 32438	

TITLE	TD	<input type="checkbox"/> Delete
NAME	DAUPHIN, MILDON	
STREET ADDRESS	1538 PRIMROSE LN	
CITY-ST-ZIP	PANAMA CITY FL 32404	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jimmy Wright	
STREET ADDRESS	10517 VALENTINE RD. South	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George McAdams	
STREET ADDRESS	2212 WASHINGTON ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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: James M. Dauphin TO DIRECTOR 9-5-02 850 871 3072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)