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

FILED
95 JAN 23 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 790902 (1)

1. Corporation Name

CALHOUN COUNTY FARM BUREAU, LAA

Principal Place of Business	Mailing Address
615 N MAIN STREET BLOUNTSTOWN FL 32424	615 N MAIN STREET BLOUNTSTOWN FL 32424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1965
3a. Date of Last Report: 05/25/1994
4. FEI Number: 59-1977533 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

BODIFORD JR., CECIL
RT 2 BOX 33 HWY 71N
ALTHA FL 32421

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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BODIFORD, CECIL, JR	1.2 NAME	
STREET ADDRESS	HWY 71 N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA, FL 00000	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, LLOYD	2.2 NAME	
STREET ADDRESS	HWY 71 NORTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	BLOUNTSTOWN FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Secretary ☐ Change ☐ Addition
NAME	~~WARD, GARY~~	3.2 NAME	Purvis, Mike
STREET ADDRESS	~~HWY. 69A~~	3.3 STREET ADDRESS	Rt. 1 Box 31-K
CITY-ST-ZIP	~~BLOUNTSTOWN, FL 00000~~	3.4 CITY-ST-ZIP	Blountstown, FL 32424
TITLE	D	4.1 TITLE	Director ☐ Change ☐ Addition
NAME	PURVIS, MIKE	4.2 NAME	Bragdon, Andy
STREET ADDRESS	RT. 1, BOX 31-K	4.3 STREET ADDRESS	Rt. 2 Box 36 B
CITY-ST-ZIP	BLOUNTSTOWN, FL 00000	4.4 CITY-ST-ZIP	Altha, FL. 32421
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	RACKLEY, RUDY	5.2 NAME	
STREET ADDRESS	HWY 71 N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DONALD	6.2 NAME	
STREET ADDRESS	RT 1 BOX 173 HWY 73 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTHA FL	6.4 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: C.C. Bodiford Jr., C.C. Bodiford Jr., Pres. 1-17-95 904-674-5471
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0020704