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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **790903** (9)

1. Corporation Name

TAYLOR COUNTY FARM BUREAU, LAA

Principal Place of Business

Mailing Address

**813 S. WASHINGTON ST.
PERRY FL 32347
US**

**813 S. WASHINGTON STREET
PERRY FL 32347**

3. Date Incorporated or Qualified

10/10/1931

4. FEI Number

59-6194985

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

Country

29 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVIS, HENRY
1100 EAST JULIA DR.
PERRY FL 32347**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **DAVIS, HENRY**
STREET ADDRESS **1100 E. JULIA DRIVE**
CITY-ST-ZIP **PERRY, FL 00000**

TITLE **D** ☐ DELETE

NAME **ROWELL, AULEY**
STREET ADDRESS **IRA SMITH ROAD, HWY. 14**
CITY-ST-ZIP **SHADY GROVE FL**

TITLE **D** ☐ DELETE

NAME **PARKER, RUDOLPH**
STREET ADDRESS **RT 4 BOX 275**
CITY-ST-ZIP **PERRY FL**

TITLE **D** ☐ DELETE

NAME **HOUCK, HELEN**
STREET ADDRESS **RT 3 BOX 484**
CITY-ST-ZIP **PERRY, FL 0**

TITLE **D** ☐ DELETE

NAME **HOUCK ERNEST**
STREET ADDRESS **RT 3 BOX 484**
CITY-ST-ZIP **PERRY, FL 0**

TITLE **S** ☐ DELETE

NAME **RICHARD, IMA**
STREET ADDRESS **RT 5 BOX 612**
CITY-ST-ZIP **PERRY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **D**
1.3 STREET ADDRESS **Thad Hardin**
1.4 CITY-ST-ZIP **Hwy 19 South**
Salem, FL 32856

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **D**
2.3 STREET ADDRESS **Malcolm Page**
2.4 CITY-ST-ZIP **Rt 5, Box 570**
Perry, FL 32347

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **D**
3.3 STREET ADDRESS **James Proctor**
3.4 CITY-ST-ZIP **Rt. 4 Box 850**
Perry FL 32347

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **✓ Henry P. Davis**

03-31-98 850 584-2371

CP2E037 (10/97)