FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 790903

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

2. Principal Place of Business **21**	2a. Mailing Address **26**	3. Date Incorporated or Qualifed **10/10/1931**
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	4. FEI Number **59-6194985** — Applied For / Not Applicable
City & State **23**	City & State **28**	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip **24** / Country **25**	Zip **29** / Country **30**	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ 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** NAME **DAVIS, HENRY** STREET ADDRESS **1100 E. JULIA DRIVE** CITY-ST-ZIP **PERRY, FL 00000**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	**D** **THAD HARDIN** **P.O. BOX 303 HWY 19 SALEM FL 32356** ☐ Change ☒ Addition
TITLE **D** NAME **ROWELL, AULEY** STREET ADDRESS **IRA SMITH ROAD, HWY. 14** CITY-ST-ZIP **SHADY GROVE FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	**D** **Preston Sheffield** **RT. 4, BOX 850 PERRY FL 32347** ☐ Change ☒ Addition
TITLE **D** NAME **PARKER, RUDOLPH** STREET ADDRESS **RT 4 BOX 275** CITY-ST-ZIP **PERRY FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	**D** **JO SWEARINGEN** **1200 N. ALLEN ST. PERRY FL 32347** ☐ Change ☒ Addition
TITLE **D** NAME **HOUCK, HELEN** STREET ADDRESS **RT 3 BOX 464** CITY-ST-ZIP **PERRY, FL 0**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	**S** **IRIS PARKER** **RT. 4, BOX 275 PERRY FL 32347** ☐ Change ☒ Addition
TITLE **D** NAME **HOUCK ERNEST** STREET ADDRESS **RT 3 BOX 464** CITY-ST-ZIP **PERRY, FL 0**	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	**VP** **HELEN HOUCK** **RT. 3, BOX 464** **PERRY, FL 32347** ☒ Change ☐ Addition
TITLE **S** NAME **RICHARD, IMA** STREET ADDRESS **RT 5 BOX 612** CITY-ST-ZIP **PERRY FL**	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: _SIGNATURE REQUIRED_ (HENRY) DAVIS   03-29-99   850 584-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)