

**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

**APPROVED  
AND  
FILED**

95 APR 27 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 790973 (2)**

1. Corporation Name

**HAMILTON COUNTY FARM BUREAU LAA**

Principal Place of Business

Mailing Address

P.O. BOX 31  
JASPER FL 32052

P.O. BOX 31  
JASPER FL 32052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1968

3a. Date of Last Report

02/22/1994

4. FEI Number

59-6194208

Applied For

Not Applicable

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  
Fees Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORGAN, HILWARD  
ROUTE 1  
WHITE SPRINGS FL 32096

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                 |                        |
|-----------------|------------------------|
| TITLE           | P                      |
| NAME            | MORGAN, HILWARD        |
| STREET ADDRESS  | RT. 1, BOX 6106        |
| CITY - ST - ZIP | WHITE SPRINGS FL 32096 |
| TITLE           | V                      |
| NAME            | BURNETT, RAY           |
| STREET ADDRESS  | RT. 3, BOX 297         |
| CITY - ST - ZIP | JASPER FL 32052        |
| TITLE           | ST                     |
| NAME            | GOOLSBY, DAVID         |
| STREET ADDRESS  | ROUTE 1, BOX 150       |
| CITY - ST - ZIP | JASPER FL 32052        |
| TITLE           | D                      |
| NAME            | CONE, GARY             |
| STREET ADDRESS  | RT. 1 BOX 145A         |
| CITY - ST - ZIP | JENNINGS FL 32053      |
| TITLE           | D                      |
| NAME            | DEAS, JON              |
| STREET ADDRESS  | RT. 1 BOX 137          |
| CITY - ST - ZIP | JENNINGS FL 32053      |
| TITLE           | D                      |
| NAME            | CLOYD, JOHN L          |
| STREET ADDRESS  | RT. 1 BOX 84           |
| CITY - ST - ZIP | JASPER FL 32052        |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 2.3 STREET ADDRESS  |                                                                   |
| 2.4 CITY - ST - ZIP |                                                                   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                   |
| 3.3 STREET ADDRESS  |                                                                   |
| 3.4 CITY - ST - ZIP |                                                                   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                                                                   |
| 5.3 STREET ADDRESS  |                                                                   |
| 5.4 CITY - ST - ZIP |                                                                   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                                                                   |
| 6.3 STREET ADDRESS  |                                                                   |
| 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Hilward Morgan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95

904-397-2453