

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 790973 (2)**

1. Corporation Name

**HAMILTON COUNTY FARM BUREAU LAA**

Principal Place of Business

P.O. BOX 31  
JASPER FL 32052

Mailing Address

P.O. BOX 31  
JASPER FL 32052



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>10/09/1968</b>	3a. Date of Last Report <b>04/27/1995</b>
4. FEI Number <b>59-6194208</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MORGAN, HILWARD  
ROUTE 1  
WHITE SPRINGS FL 32096**

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, HILWARD	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 150	1.3 STREET ADDRESS	
CITY - ST - ZIP	WHITE SPRINGS FL 32096	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNETT, RAY	2.2 NAME	
STREET ADDRESS	RT. 3, BOX 297	2.3 STREET ADDRESS	
CITY - ST - ZIP	JASPER FL 32052	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOLSBY, DAVID	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 150	3.3 STREET ADDRESS	
CITY - ST - ZIP	JASPER FL 32052	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONE, GARY	4.2 NAME	
STREET ADDRESS	RT. 1 BOX 145A	4.3 STREET ADDRESS	
CITY - ST - ZIP	JENNINGS FL 32053	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAS, JON	5.2 NAME	
STREET ADDRESS	RT. 1 BOX 137	5.3 STREET ADDRESS	
CITY - ST - ZIP	JENNINGS FL 32053	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOYD, JOHN L	6.2 NAME	
STREET ADDRESS	RT. 1 BOX 84	6.3 STREET ADDRESS	
CITY - ST - ZIP	JASPER FL 32052	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)(k), 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:

*David Soobly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96  
Date

904-792-1458  
Daytime Phone #

CR2E037 (12/95)