

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90134 027 \*\*\*\*61.25

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**DOCUMENT # 790973**

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/09/1968

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

9. Name and Address of Current Registered Agent

GOOLSBY, DAVID  
RT 1 BOX 150  
JASPER FL 32052

10. Name and Address of New Registered Agent

81 Name

DAVID GOOLSBY

82 Street Address (P.O. Box Number is Not Acceptable)

9198 S.W. 67th Drive

83

84 City

JASPER

FL

85 Zip Code

32052

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

*David Goolsby*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-5-99

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BURNETT, RAY  
STREET ADDRESS RT 3 BOX 297  
CITY-ST-ZIP JASPER FL 32052 ☒ DELETE

TITLE V  
NAME BURNETT, RAY  
STREET ADDRESS RT. 3, BOX 297  
CITY-ST-ZIP JASPER FL 32052 ☒ DELETE

TITLE ST  
NAME GOOLSBY, DAVID  
STREET ADDRESS ROUTE 1, BOX 150  
CITY-ST-ZIP JASPER FL 32052 ☐ DELETE

TITLE D  
NAME DEAS, DAMON  
STREET ADDRESS RT 1 BOX 215  
CITY-ST-ZIP JENNINGS FL ☐ DELETE

TITLE D  
NAME DEAS, JON  
STREET ADDRESS RT. 1 BOX 137  
CITY-ST-ZIP JENNINGS FL 32053 ☐ DELETE

TITLE D  
NAME ERIXTON, BILL  
STREET ADDRESS RT 1 BOX 5630  
CITY-ST-ZIP WINTER SPRINGS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Damon Deas  
1.3 STREET ADDRESS 5060 N.W. 20th Drive  
1.4 CITY-ST-ZIP Jennings, FL 32053

2.1 TITLE Vice-President ☒ Change ☐ Addition  
2.2 NAME Mike Adams  
2.3 STREET ADDRESS 6834 NW 44th Street  
2.4 CITY-ST-ZIP Jennings FL 32053

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D Burnett, RAY ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 7298 S.W. 37th Ter.  
4.4 CITY-ST-ZIP Jasper, FL 32052

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, with all other like empowered.

SIGNATURE: *David Goolsby* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-99 904-792-2791

CR2E037 (11/98)