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Mar 27 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 # **791039** (1)

1. Corporation Name

LAFAYETTE COUNTY FARM BUREAU, LAA

Principal Place of Business

**HIGHWAY U.S. 27 EAST
PO BOX 336
MAYO FL 32066**

Mailing Address

**HIGHWAY U.S. 27 EAST
PO BOX 336
MAYO FL 32066**

3. Date Incorporated or Qualified

10/20/1959

4. FEI Number

59-1085328

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, BILL
HWY. U.S. 27 EAST
MAYO FL 32066**

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

Bill Shaw

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KERBY, EVERETT**
STREET ADDRESS **RT 1 BOX 61**
CITY-ST-ZIP **MAYO FL**

1.1 TITLE **President** ☐ Change ☒ Addition
1.2 NAME **Bill Shaw**
1.3 STREET ADDRESS **RR 2 Box 1285 Mayo, Fl 32066**
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BELL, MYRA**
STREET ADDRESS **RT 1 BOX 489**
CITY-ST-ZIP **MAYO FL**

2.1 TITLE **Vice-President** ☐ Change ☒ Addition
2.2 NAME **Brack Jackson**
2.3 STREET ADDRESS **RR 2 Box 1250**
2.4 CITY-ST-ZIP **Mayo FL 32066**

TITLE **ST** ☐ DELETE
NAME **HENDRICK, MITZI**
STREET ADDRESS **RT 2 BOX 42**
CITY-ST-ZIP **MAYO FL 32066**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Scott Barrington**
3.3 STREET ADDRESS **RT 3 Box 267**
3.4 CITY-ST-ZIP **Mayo FL 32066**

TITLE **D** ☐ DELETE
NAME **LAND, RODNEY**
STREET ADDRESS **RT 1 BOX 214**
CITY-ST-ZIP **MAYO FL 32066**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Everett Howell**
4.3 STREET ADDRESS **Rt 4 Box 284**
4.4 CITY-ST-ZIP **Branford FL 32008**

TITLE **D** ☐ DELETE
NAME **BUCHANAN, T.C.**
STREET ADDRESS **P.O. BOX 34 N/A (CR 348B)**
CITY-ST-ZIP **DAY FL 32013**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **W.M. Howell**
5.3 STREET ADDRESS **Rt 4 Box 286 Branford Fl 32068**
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MORGAN, SHAROLD**
STREET ADDRESS **RT. 2, BOX 97**
CITY-ST-ZIP **MAYO FL**

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

Bill Shaw

3-23-98 (904) 294-1899

CR2E037 (10/97)