2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 791039 Jan 20, 2000 8:00 am Secretary of State 1. Entity Name LAFAYETTE COUNTY FARM BUREAU, LAA 01-20-2000 90112 026 ****61.25 Principal Place of Business Mailing Address HIGHWAY U.S. 27 EAST HIGHWAY U.S. 27 EAST PO BOX 336 PO BOX 336 MAYO FL 32066-0336 MAYO FL 32066 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1085328 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OV Street Address (P.O. Box Number is Not Acceptable) LAND, ROD HWY. U.S. 27 EAST MAYO FL 32066 Zip Code 32066 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change Delete TITLE TITLE D SHAW, BILL NAME NAME w.m. Howell RR 2 BOX 1285 STREET ADDRESS STREET ADDRESS R.R. 1 Box 286 MAYO FL 32066 CITY-ST-ZIP CITY-ST-ZIP 32008-9781 Branford ☐ Delete TITLE Addition TITLE Evert Howell LAND, ROD NAME RR2, BOX 1510 RRI BOX 284 STREET ADDRESS STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP CITY-ST-ZIP Branford, FL ☐ Change 🛣 Addition Delete TITLE TITLE BELL. MYRA Jason Land ÑAME RR1, BOX 469 RR. 2 Box 1510. STREET ADDRESS STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP CITY-ST-ZIP Mayo, FL 32066 ☐ Change ☐ Delete TITLE Addition TITLE Jonathan S. Barrington HENDRICK, MITZI NAME NAME RR2, BOX 345 RR3 B0x267 STREET ADDRESS STREET ADDRESS **MAYO FL 32066** CITY-ST-ZIP CITY-ST-ZIP Mayo, FL 32066 Delete TITLE ☐ Change Addition 🛣 TITLE KERBY, EVERETT Foye B. Jackson NAME NAME RR 3, BOX 61 STREET ADDRESS RR 2 Box 1250 STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change ☐ Addition BUCHANAN, T.C. NAME NAME RR 1, BOX 880 STREET ADDRESS STREET ADDRESS MAYO FL 32066 CITY-ST-ZIP CITY-ST-7IP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 1

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR