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FILED
Apr 28, 2002 8:00 am
Secretary of State

04-01-2002 90034 050 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832050

1. Entity Name
DOLLAR FARM PRODUCTS CO., INC.

Principal Place of Business
**P. O. BOX 68
1001 DOTHAN ROAD
BAINBRIDGE GA 31718
US**

Mailing Address
**P. O. BOX 68
1001 DOTHAN ROAD
BAINBRIDGE GA 31718
US**

43442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **58-0862224**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KANE, ROBERT B.
325 JOHN KNOX ROAD, 100-E
TALLAHASSEE FL**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOLLAR, TOMMY PO BOX 68 1001 DOTHAN RD BAINBRIDGE GA	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ROBERT M PO BOX 632, 222 CLIFTON ST. BRINSON GA 31725	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HADAR, TAMARA D 136 HORSESHOE RD BAINBRIDGE GA 31717	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Cohen **Robert M. Cohen** 3/21/02 (229) 298-2750
Date Daytime Phone #
Vice-President

CR2E034 (9/01)