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Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90121 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10054637

DOCUMENT # F92310

1. Entity Name
NORTH FLORIDA FARMERS LIVESTOCK MARKET, INCORPORATED

Principal Place of Business	Mailing Address
ROUTE 3, BOX 158 LAKE CITY, FL 32055 US	ROUTE 3, BOX 158 LAKE CITY, FL 32055 US

2. Principal Place of Business	3. Mailing Address
1172 Halsena Rd N.	P.O. Box 208
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville FL	City & State: Jacksonville FL
Zip: 32220 Country: Duval	Zip: 32220 Country: Duval

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2198938 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALDROP, THOMAS W 9408 COMMONWEALTH AVENUE JACKSONVILLE, FL 32220	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME BENNETT, MARYLENA STREET ADDRESS 1172 HALSENA NORTH CITY-ST-ZIP JACKSONVILLE, FL 32220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DP NAME WALDROP, THOMAS W STREET ADDRESS 9408 COMMONWEALTH AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME LEONARD, CAROLINE P STREET ADDRESS 11678 161ST ROAD CITY-ST-ZIP LIVE OAK, FL 32060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Thomas W Waldrop 3-31-03 904-781-4677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)