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FILED
May 14 1997 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93996 (8)

1. Corporation Name
HERRING FARM SUPPLY, INC.

Principal Place of Business

**% JERRY O'NEIL HERRING
RT. 3, BOX 139
MADISON FL 32340**

Mailing Address

**% JERRY O'NEIL HERRING
RT. 3, BOX 139
MADISON FL 32340-9504**



3. Date Incorporated or Qualified **04/01/1984** 3a. Date of Last Report **01/26/1996**

4. FEI Number **59-2388312** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

**HERRING, JERRY O.
RT. 3, BOX 110
MADISON FL 32340**

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | HERRING, JERRY O'NEIL | |
| STREET ADDRESS | RT 3 BOX 110 | |
| CITY - ST - ZIP | MADISON FL | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HERRING, MALCOLM CHARLES | |
| STREET ADDRESS | RT 3 BOX 140 | |
| CITY - ST - ZIP | MADISON FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | HERRING, LOUISE S. | |
| STREET ADDRESS | RT 3 BOX 140 | |
| CITY - ST - ZIP | MADISON FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | HERRING, CAROLYN H. | |
| STREET ADDRESS | RT 3 BOX 110 | |
| CITY - ST - ZIP | MADISON FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | HERRING, KENNETH C | |
| STREET ADDRESS | RTE 3 BOX 145 | |
| CITY - ST - ZIP | MADISON FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Louise S. Herring* **SIGNATURE REQUIRED** *Louise S. Herring* **4/29/97** **904-929-4018**

CR2E034 (9/96)