

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90019 049 ***150.00

DOCUMENT # H44617

1. Corporation Name

FARMERS AGRICULTURAL SUPPLY CO., INC.



Principal Place of Business

C/O JOHN VIRGIL MIXSON
989 WHITE AVE.
GRACEVILLE FL 32440

Mailing Address

C/O JOHN VIRGIL MIXSON
989 WHITE AVE.
GRACEVILLE FL 32440

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1985

4. FEI Number

59-2473681

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 C/O Johns Virgil Mixson

22 Suite, Apt. #, etc.
5403 Brown St.

23 City & State
GRACEVILLE, FL 32440

24 Zip **32440** **25 Country** **JACKSON**

2a. Mailing Address

26 C/O Johns Virgil Mixson

27 Suite, Apt. #, etc.
5403 Brown St.

28 City & State
GRACEVILLE, FL 32440

29 Zip **32440** **30 Country** **JACKSON**

9. Name and Address of Current Registered Agent

MIXSON, JOHN VIRGIL
5403 BROWN ST
GRACEVILLE FL 32440

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 **Johns Virgil Mixson**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Feb. 1, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **MIXSON, JOHN VIRGIL**
STREET ADDRESS **5403 BROWN ST**
CITY-ST-ZIP **GRACEVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)