

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J24841 (5)

1. Corporation Name

WASHINGTON COUNTY FARM SUPPLY, INC.



Principal Place of Business

Mailing Address

% DON KELLY
205 KIRKLAND ROAD
CHIPLEY FL 32428

% DON KELLY
205 KIRKLAND ROAD
CHIPLEY FL 32428

2. Principal Place of Business

2a. Mailing Address

21 % Don Kelly

26 % Don Kelly

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 751 Kirkland Rd.

27 751 Kirkland Rd.

City & State

City & State

23 Chipley, FL 32428

28 Chipley, FL

Zip

Country

Zip

Country

24 32428

25

29 32428

30

9. Name and Address of Current Registered Agent

KELLY, DON C.
205 KIRKLAND ROAD
CHIPLEY FL 32428

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Don C. Kelly

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature is not required if signed by the corporation.)

1-16-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME KELLY, DON
STREET ADDRESS KIRKLAND AVENUE
CITY-ST-ZIP CHIPLEY FL ☐ DELETE

TITLE STD
NAME KELLY, LINDA
STREET ADDRESS KIRKLAND AVENUE
CITY-ST-ZIP CHIPLEY FL ☐ DELETE

TITLE VPD
NAME WIGGINS, HERBERT
STREET ADDRESS KIRKLAND RD
CITY-ST-ZIP CHIPLEY FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Don C. Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

(904) 638-7833

DATE

Phone Number

CR2E034 (12/95)