SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **K77976** **(4)**

1. Corporation Name
PUTNAL STRAW FARM, INC.

Principal Place of Business	Mailing Address
P. O. BOX 1386 MAYO FL 32066	P. O. BOX 1386 MAYO FL 32066

3. Date Incorporated or Qualified: **04/05/1989**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 Floyd & Crawford, St
22 Suite, Apt. #, etc.
23 City & State: Mayo Fl
24 Zip: 32066
25 Country: Lafayette

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **59-2984369** ☐ 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

9. Name and Address of Current Registered Agent

BADGER SYLVIA A
FLOYD & CRAWFORD ST
HWY 27
MAYO FL 32066

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 _____ DATE _____
Signature, type or print name of registered agent, and title, if applicable. (Note: Registered Agent's signature required if name is changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PUTNAL, CARL		1.2 NAME		
STREET ADDRESS	RT 2, BOX 138, HWY 27		1.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	BAZEMORE, EMORY		2.2 NAME	Walter E. Byrd, Jr.	
STREET ADDRESS	3081 WINN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEVILLE GA		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BADGER, SYLVIA		3.2 NAME		
STREET ADDRESS	HIGHWAY 251A		3.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARLSEN, JAMES		4.2 NAME		
STREET ADDRESS	1405 STONEVIEW TR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LILBURN GA		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, RANDALL H		5.2 NAME		
STREET ADDRESS	HIGHWAY 27E		5.3 STREET ADDRESS		
CITY-ST-ZIP	MAYO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sylvia A Badger 6/6/96 (904) 294-1075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #