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Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M76698** (3)

1. Corporation Name
SOUTHERN FARM SUPPLY, INC.

Principal Place of Business 906 U.S. HWY. 301 NORTH P.O. BOX 398 PALMETTO FL 34221 US	Mailing Address 906 U.S. HWY. 301 NORTH P.O. BOX 398 PALMETTO FL 34221 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0068995	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARRISON, THOMAS W. 1201-6TH AVE. W. 4TH FLOOR BRADENTON FL 34205		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	Treasurer
NAME	HARRISON, THOMAS W.	1.2 NAME	Harilee, Peter S, JR.
STREET ADDRESS	1201-6TH AVE. W.	1.3 STREET ADDRESS	1803 21st Street West
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	Palmetto, FL 34221
TITLE	DVC	2.1 TITLE	
NAME	HARRISON, G. JOSEPH	2.2 NAME	
STREET ADDRESS	1201-6TH AVENUE, W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	TAYLOR, R. JAY	3.2 NAME	
STREET ADDRESS	1724 17TH ST. W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	MONETTE, WM. M	4.2 NAME	
STREET ADDRESS	932 5TH AVENUE W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	
TITLE	MVS	5.1 TITLE	
NAME	COFFMAN, GARY L	5.2 NAME	
STREET ADDRESS	12625 C.R. 875	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARRISH FL	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	
NAME	HUME, THOMAS H JR.	6.2 NAME	
STREET ADDRESS	906 HWY. 301 E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL	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, upon an attachment with an address.

SIGNATURE:

Thomas H. Hume

CR2E034 (10/97)