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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M76698

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

27

Zip

Country

29

30

3. Date Incorporated or Qualified

04/15/1988

4. FEI Number

65-0068995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ 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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DV
HARRISON, THOMAS W.
STREET ADDRESS 1201-6TH AVE. W.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME DVC
HARRISON, G. JOSEPH
STREET ADDRESS 1201-6TH AVENUE, W.
CITY-ST-ZIP BRADENTON FL

TITLE ☐ DELETE

NAME DV
TAYLOR, R. JAY
STREET ADDRESS 1724 17TH ST. W.
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME DV
MONETTE, WM. M
STREET ADDRESS 932 5TH AVENUE W.
CITY-ST-ZIP PALMETTO FL

TITLE ☐ DELETE

NAME MVS
COFFMAN, GARY L
STREET ADDRESS 12625 C.R. 675
CITY-ST-ZIP PARRISH FL

TITLE ☐ DELETE

NAME DP
HUME, THOMAS
STREET ADDRESS 906 HWY. 301 E.
CITY-ST-ZIP PALMETTO FL

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 BOARD OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)