

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # M76698**1. Entity Name
SOUTHERN FARM SUPPLY, INC.

Principal Place of Business

906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO
34221 US

Mailing Address

906 U.S. HWY. 301 NORTH
P.O. BOX 398
PALMETTO
34221 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0068995

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARRISON, THOMAS W.
1201-6TH AVE. W.
4TH FLOOR
BRADENTON
34205 US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUME THOMAS HJR.	
STREET ADDRESS	906 HWY. 301 E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	MVS	<input type="checkbox"/> Delete
NAME	COFFMAN GARY L	
STREET ADDRESS	12625 C.R. 675	
CITY-ST-ZIP	PARRISH FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MONETTE WM. M	
STREET ADDRESS	932 5TH AVENUE W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, R. JAY	
STREET ADDRESS	1724 17TH ST. W.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	HARRISON G. JOSEPH	
STREET ADDRESS	1201-6TH AVENUE, W.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRISON, THOMAS W.	
STREET ADDRESS	1201-6TH AVE. W.	
CITY-ST-ZIP	BRADENTON FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. COFFMAN

MVS

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

PETER S. HARLLEE, JR. DV
1803 21ST ST. W.

PALMETTO, FL 34220