

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90021 032 ****61.25

DOCUMENT # N21251

1. Entity Name

PERENNIAL PEANUT PRODUCERS ASSOCIATION, INC.



Principal Place of Business

% CLAY OLSON
203 FOREST PARK DRIVE
PERRY FL 32347

Mailing Address

% CLAY OLSON
203 FOREST PARK DRIVE
PERRY FL 32347



2. Principal Place of Business - No P.O. Box #

c/o Lindy Cone
Suite, Apt. #, etc.
4244 SW Sundown Creek Rd

3. Mailing Address

c/o Lindy Cone
Suite, Apt. #, etc.
P.O. Box 352

City & State

Greenville, FL

City & State

Madison, FL

Zip

32331

Country

USA

Zip

32340

Country

USA

4. FEI Number

59-2879091

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

OLSON, CLAY
203 FOREST PARK DRIVE
PERRY FL 32347

7. Name and Address of New Registered Agent

Name LINDY S. CONE, Treasurer of PPPA
Street Address (P.O. Box Number is Not Acceptable)
4244 SW Sundown Creek Rd.
City Greenville, FL 32331

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lindy S. Cone

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME CONE, LINDY S
STREET ADDRESS 4244 SW SUNDOWN CREEK RD.
CITY-ST-ZIP GREENVILLE FL 32331

TITLE P ☐ Delete
NAME BASFORD, STEVE
STREET ADDRESS 1212 SPIVEY RD
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE VP ☐ Delete
NAME CARUTHERS, DAVID
STREET ADDRESS 1528 CR 232A
CITY-ST-ZIP WILDWOOD FL 34785

TITLE D ☒ Delete
NAME CAMPBELL, KEVIN
STREET ADDRESS 902 COLLEGE AVE
CITY-ST-ZIP MADISON FL 32340

TITLE S ☐ Delete
NAME CURTIS, DOREEN
STREET ADDRESS 7030 177TH DR
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VP ☐ Delete
NAME OLSON, CLAY
STREET ADDRESS 203 FOREST PK DR
CITY-ST-ZIP PERRY FL 32347

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Mayo, Doug
STREET ADDRESS 2741 Pennsylvania Ave., Suite 3
CITY-ST-ZIP Marianna, FL 32448

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clay Olson

1/25/2008