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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **N32416** **(2)**

1. Corporation Name

TALLAHASSEE RETAIL FARMERS MARKET AGRICULTURAL C OOPERATIVE MARKETING ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
C/O GEORGE C. HENRY, JR. 4229 GEARHART ROAD TALLAHASSEE FL 32303	C/O GEORGE C. HENRY, JR. 4229 GEARHART ROAD TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1989
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-3018918 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HENRY, GEORGE C JR.
4229 GEARHART ROAD
TALLAHASSEE FL 32303

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~PD~~	11 TITLE VP-D	☐ Change ☐ Addition
NAME	~~SIMS, JESSIE~~	12 NAME	Harris Kimble
STREET ADDRESS	~~RT 1, BOX 515~~	13 STREET ADDRESS	18th & Box 385
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Quitman, GA. 31643
TITLE	~~P~~ D/P	21 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, JAMES L	22 NAME	
STREET ADDRESS	ROUTE #3	23 STREET ADDRESS	
CITY-ST-ZIP	CAIRO GA 31728	24 CITY-ST-ZIP	
TITLE	~~STD~~	31 TITLE D	☐ Change ☐ Addition
NAME	~~WOMBLE, JESSIE~~	32 NAME	John Ira Corker
STREET ADDRESS	~~RT 41 BOX 974B~~	33 STREET ADDRESS	95 Cypress Swamp Creek Rd
CITY-ST-ZIP	~~CAIRO GA 31728~~	34 CITY-ST-ZIP	Whigham, GA 31797
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PONDER, PURVIS	42 NAME	
STREET ADDRESS	979 CHAIRES CROSS ROAD	43 STREET ADDRESS	500001466355
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	-04/27/95--01039--004
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WOODIE, WILLIE	52 NAME	****130.00 ****130.00
STREET ADDRESS	RT. 7 BOX 345	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	SSS
STREET ADDRESS		63 STREET ADDRESS	4/25/95
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: James L. Mitchell 4-24-95 912-377-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

George C. Henry Jr. 4964 562-2074

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