

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N50950

(7)

1. Corporation Name

AGENTS COOPERATIVE EXCHANGE, INC.

**APPROVED
AND
FILED**

95 MAY -1 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6963 N. WICKHAM RD.
MELBOURNE FL 32940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1992	3a. Date of Last Report 03/11/1994
4. FEI Number 59-3141071	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fee
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21	2a. Mailing Address 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

**FILICHA, RICHARD W.
6963 N. WICKHAM RD.
MELBOURNE FL 32940**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
FL 05 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 fee is applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CROLEY, DOUGLAS M.	1.2 NAME	
STREET ADDRESS	2814 REMINGTON GREEN CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32317	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGRIFF, LEE C.	2.2 NAME	
STREET ADDRESS	3501-A W. UNIVERSITY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FILICHA, RICHARD W.	3.2 NAME	
STREET ADDRESS	6963 N. WICKHAM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32940	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, DAVID A.	4.2 NAME	
STREET ADDRESS	302 BEXAR AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON AL 35570	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BALL, HENRY O.	5.2 NAME	
STREET ADDRESS	648 EXCHANGE PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LILBURN GA 30247	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(b), 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 in an attachment with an address.

SIGNATURE:

Douglas M. Croley

Signature and typed name of signing officer or director

4-28-95 (904) 386-1922

Date

Phone No.