2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE MEQUINED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jun 13, 2002 8:00 am DOCUMENT # N95000002477 **Secretary of State** 06-13-2002 90386 002 ****61.25 ESCAMBIA COUNTY FARM BUREAU, LAA Principal Place of Business Mailing Address 153 HIGHWAY 97 153 HIGHWAY 97 MOLINO FL 32577 MOLINO FL 32577 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0711497 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Barrineau, merwyn Street Address (P.O. Box Number is Not Acceptable) 5616 HIGHWAY 196 **MOUNO FL 32577** City 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE !S \$61,25 Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE Drector (9/01)Addition Change BARRINEAU, MERWYN NAME Jerry Mc Eltamey, 4460 Cecils Rd. NAME 5615 HWY. 196 STREET ADDRESS STREET ADDRESS E037 CITY-ST-ZIP MOLINO FL 32577 CITY-ST-ZIE entury F1. 32535 TITLE ☐ Delete TITLE Dicector CINNINGHAM, JIMMY Brett ward NAME NAME 6030 HWY 29 N STREET ADDRESS 4761=HWY=99A. .= STREET ADDRESS CITY-ST-7/P MOLINO FL 32577 CITY-ST-7IP mcDavid Fl. 32568 TITLE Director ☐ Delete TITLE Change Addition SHEPPARD, JERRY NAME NAME *E*⁄/-*∞*//*∞*//-2-STREET ADDRESS 3620 LAMBERT BRIDGE RD STREET ADDRESS SOI W.Kings Field Ro CITY-ST-ZIP MCDAVID FL City-St-7IP Constantinos TITLE ☐ Delete TITLE Change ☐ Addition CARPENTER, GEORGE NAME NAME 1901 WILMA RD STREET ADDRESS STREET ADDRESS MC DAVID FL 32568-2215 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition abbptt, ben NAME NAME 5853 CHESTNUT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MOLINO FL 32577 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LIVINGSTON, JACK NAME NAME 2350 HWY 97 N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Molino FL 32577 CITY-ST-7/P 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

850-587-2135 6-6-02

FILED