

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90167 027 ****61.25

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DOCUMENT # N97000001909

1. Corporation Name

FARMERS' MARKETING CO-OP, INC.

Principal Place of Business

1005 B ROAD
LABELLE FL 33935

Mailing Address

1005 B ROAD
LABELLE FL 33935



2. Principal Place of Business

21 681 S MAIN ST

Suite, Apt. #, etc.

22

City & State

23 LABELLE FL

Zip

24 33935 25 USA

2a. Mailing Address

26 681 S MAIN ST

Suite, Apt. #, etc.

27

City & State

28 LABELLE FL

Zip

29 33935 30 USA

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

65-0742388

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

9. Name and Address of Current Registered Agent

TOLAR, TONY L
1005 B ROAD
LABELLE FL 33935

10. Name and Address of New Registered Agent

81 Name

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

681 S MAIN ST

83

84 City

LABELLE

FL

85 Zip Code

33935

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME PUTNAL, JACK
STREET ADDRESS 19769 152ND STREET
CITY-ST-ZIP LIVE OAK FL 32060

TITLE D ☐ DELETE

NAME HODGE, JIMMY
STREET ADDRESS 3830 NORTHWEST 52ND COURT
CITY-ST-ZIP BELL FL 32619

TITLE D ☐ DELETE

NAME YARBOROUGH, BLAINE
STREET ADDRESS ROUTE 2, BOX 218
CITY-ST-ZIP PAVO GA 31778

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BLAINE YARBOROUGH

5/10/99 941-675-57

CR2E037 (11/98)