


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2004 08:00 AM
Secretary of State**

DOCUMENT # N97000001909 1. Entity Name FARMERS' MARKETING CO-OP, INC.	
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Principal Place of Business 681 S MAIN ST LABELLE, FL 33935 US	Mailing Address 681 S MAIN ST LABELLE, FL 33935 US
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04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0742388	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TOLAR, TONY L 681 S MAIN ST LABELLE, FL 33935

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000132528
04/27/04-80049-023 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAL, JACK 19769 152ND STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARBOROUGH, BLAINE ROUTE 2, BOX 218 PAVO, GA 31778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRALEIGH, RUTHANN 3921 FT DENAUD RD LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLAR, TONY 681 S MAIN ST LABELLE, FL 33935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ruthann Fraleigh* **RUTHANN FRALEIGH** 4/24/04 863-675-7497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #