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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

| DOCUN 1. Corporation I | MENT # P1436 | 69 (3) | | | | |
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| | INS FARM SUPPLY, INC. | | | | | |
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| Principal Place o | of Business | Mailing Address | | r offinfit ift singe frant nien min | 8 1811 41911 41911 BI | JEII PERIL BERLE RIBIT IPRI |
| ROUTE 2, BOX 981 ROUTE 2, BOX 981 | | | _ | | | |
| LAKE PARK (| GA 31636 | LAKE PARK GA 3163 | 6 | | TENTE STATE | |
| | | | | 3. Date Incorporated or Qualified 05/08/1987 | 3a. Date of t | Last Report 17/1995 |
| 2. Principa! Plac | ce of Business | 2a. Mailing Address | | 4. FEI Number | VE | Applied For |
| ון | | 26 | | 58-1419741 | | Not Applicable |
| Suite, Apt. #, | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$ | 8.75 Additional |
| City & State | | City & State | | 6. Election Campaign Financing | | Fee Required |
| City & State | | 28 | | Trust Fund Contribution | | \$5.00 May Be Added to Fees |
| Zφ | Country | Zip | Country | 8. This corporation has liability for i | | |
| 4 | 25 | 29 | [30] | Florida Statutes 📝 Yes | | |
| | 9. Name and Address of Curre | nt Registered Agent | 81 Name | 10. Name and Address of New R | egistered Age | :nt |
| 0000** | IO THOMAS OF SALES | | | | ···· | |
| COGGIN RT 1 BO | IS, THOMAS GERALD | | 82 Street Addr | ress (P.O. Box Number is Not Acceptab | le) | |
| | D STATE ROAD 6) | | 83 | | | |
| • | • | | 0.0 | | T | 35 Zip Code |
| JENNINGS FL 32053 | | | 84 Gity | | FL ^s | 35 Zip Code |
| or registere | o the provisions of Sections 607.050 and agent, or both, in the State of Florin, and accept the obligations of, Sec | rida. Such change was authoriz | red by the corporation's boa | ration sabriets this statement for the pur and of directors. Thereby accept the appo | ruose of chanoir | ng its registered office istered agent. I am |
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oain; that I am an officer or director of the corporation of the receiver or trusted en appears in Block 12 or Block 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

1-17-96 912559.7972