


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0014439

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90122 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P14369**

1. Corporation Name  
**COGGINS FARM SUPPLY, INC.**

Principal Place of Business	Mailing Address
ROUTE 2, BOX 981 LAKE PARK GA 31636	ROUTE 2, BOX 981 LAKE PARK GA 31636

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/08/1987**

4. FEI Number

**58-1419741**

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**COGGINS, THOMAS GERALD**  
**RT 1 BOX 63A**  
**(I-75 AND STATE ROAD 6)**  
**JENNINGS FL 32053**

10. Name and Address of New Registered Agent

81 Name

**Coggins, Thomas Gerald**

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

**8349 SR 6 West**

83

84 City

**Jasper**

FL

85 Zip Code

**32052**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COGGINS, FELTON</b>	1.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 983</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK GA</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COGGINS, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 988</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK GA</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COGGINS, EDWIN</b>	3.2 NAME	
STREET ADDRESS	<b>RT. 2, BOX 970</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK GA</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: *Thomas Gerald Coggins* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

Date

904-792-2929

Daytime Phone #

CR2E034 (11/98)