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

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031682 (5)

COUNTRY FEED & SUPPLY, INC.

Mailing Address Principal Place of Business 1852 NW 9TH STREET 1852 NW 9TH STREET OKEECHOBEE FL 34972 **OKEECHOBEE FL 34972** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/26/1994 2e. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0501857 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WATFORD, JEFFREY S 16550 NW 144TH AVE Street Address (P.O. Box Number is Not Acceptable) OKEECHOBEE FL 34972 83 84 Zip Code 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 chango 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE WATFORD, JEFFREY S NAME 1.2 NAME 16550 NW 144TH AVE 1.3 STREET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34972** 1.4 CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 2.1 TITLE TITLE WATFORD, ANGELA J 2.2 NAME 16550 NW 144TH AVE 2.3 STREET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 DILE TITLE WATFORD, COLE NAME **3.2 NAME** 16550 NW 144TH AVE 3.3 \$1REET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34972** CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE WATFORD, LEE 4. 2 NAME NAME 16550 NW 144TH AVE 4.3 STREET ADDRESS STREET ADDRESS **OKEECHOBEE FL 34792** CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME

> 63 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address.

FILED

Feb 04 1998 8:00am

Secretary of State