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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P94000031682
Corporation Name		1 0-1000001002

COUNTRY FEED & SUPPLY, INC.

Principal Place of Business 1852 NW 9TH STREET

Mailing Address

1852 NW 9TH STREET

OKEECHOBEE FL 34972		OKEECHOBEE FL 34972	OKEECHOBEE FL 34972		DO NOT WRITE IN THIS SPACE		
	•				3. Date Incorporated or Qualifed		
					04/26/1994		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			65-0501857	N	lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			3. Certificate of Status Desired	Fee R	lequired
City & Stat	e	City & State			6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	1	8. This corporation owes the current year In		
24	25	29	30		Personal Property Tax.	I ∠ Yes	□No
	9. Name and Address of C	urrent Registered Agent	0.4		10. Name and Address of New Registered	Agent	
IA/AT	EODD JEEEDEV C		81	Name			
	FORD, JEFFREY S		82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	50 NW 144TH AVE			ļ	and the second s		
UKE	ECHOBEE FL 34972		83				
			84	City		85 Zip	Code
				ĺ	<u> </u>	<u>- </u>	
 Pursuant office or r agent. I a 	to the provisions of Sections 60 registered agent, or both, in the s m familiar with, and accept the o	7.0502 and 607.1508, Florida Statute State of Florida, Such change was au obligations of, Section 607.0505, Flor	es, the abov uthorized by rida Statutes	e-named co the corpora s.	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appo	changing it intment as r	s registered egistered
SIGNATURE							
	Signature, typed or printed name of register			nt signature requ	lired when reinstating) DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AI		
TITLE	P	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition
NAME	Watford, Jeffrey S		1.2 NAME				
STREET ADDRESS	16550 NW 144TH AVE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 CITY-5	ST-ZIP			
TITLE	S	☐ DELETE	2.1 TITLE	ļ		☐ Change	Addition Addition
NAME	Watford, angela J		2.2 NAME	-			
STREET ADDRESS	16550 NW 144TH AVE		2.3 STREE	TADORESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972		2. 4 CITY-	ST-ZIP			
TITLE	V	☐ DELETE	3.1 TITLE			Change	Addition
NAME	WATFORD, COLE		3.2 NAME				
STREET ADDRESS	16550 NW 144TH AVE		3.3 STREE	TADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34972		3.4. CITY-	ST-ZIP			
TITLE	T	☐ DELETE	4.1 TITLE	İ		☐ Change	Addition
NAME	WATFORD, LEE		4. 2 NAME				
STREET ADDRESS	16550 NW 144TH AVE		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	OKEECHOBEE FL 34792		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		·	Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			
CITY-ST-ZIP			6.4 CITY- S	T-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

NING OFFICER OR DIRECTOR