FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000045164 (7)**

1. Corporation Name

RABON FARM SUPPLY, INC.

Principal Place of Business	Mailing Address
US 19 SOUTH MONTICELLO FL 32345	PO BOX 267 MONTICELLO FL 32345

3. Date Incorporated or Qualified: **06/12/1995**
3a. Date of Last Report:

4. FEI Number: 59-3326456 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DAVIS, CLIFFORD L
US 19 SOUTH
MONTICELLO FL 32345

10. Name and Address of New Registered Agent

81 Name: Bill Rabon
82 Street Address (P.O. Box Number is Not Acceptable): U.S. 19 South
83
84 City: Monticello, FL 85 Zip Code: 32344

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: Bill Rabon — Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when filing — DATE: 3-29-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RABON, WILLIAM L J		1.2 NAME		
STREET ADDRESS	PO BOX 267 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO FL 32345		1.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	RABON, JOHN L		2.2 NAME	William L Rabon III	
STREET ADDRESS	RT 4, BOX 4698		2.3 STREET ADDRESS	Rt 4 Box 4696	
CITY-ST-ZIP	MONTICELLO FL 32345		2.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE	TD	☑ DELETE	3.1 TITLE	VD	☑ Change ☐ Addition
NAME	RABON, FRANCES		3.2 NAME	Philip H Rabon	
STREET ADDRESS	PO BOX 267 N/A		3.3 STREET ADDRESS	Rt 4 Box 4696	
CITY-ST-ZIP	MONTICELLO FL 32345		3.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE	SD	☐ DELETE	4.1 TITLE	TD, SD	☐ Change ☑ Addition
NAME	RABON, CARLENE		4.2 NAME	Carlene S. Rabon	
STREET ADDRESS	PO BOX 267 N/A		4.3 STREET ADDRESS	Rt 4 Box 4696	
CITY-ST-ZIP	MONTICELLO FL 32345		4.4 CITY-ST-ZIP	Monticello, FL 32344	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Bill Rabon - Pres. 3-29-96 904-997-2566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #