

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 93591 022 ***150.00

UNIFORM
 AV

DOCUMENT # P95000045164

1. Entity Name

RABON FARM SUPPLY, INC.

Principal Place of Business

**US 19 SOUTH
 MONTICELLO FL 32345**

Mailing Address

**RT 1 BOX 256
 MONTICELLO FL 32344
 US**

00162014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1985 S. Jefferson St

Suite, Apt. #, etc.

City & State

Monticello, FL

4. FEI Number

59-3326456

Applied For

Not Applicable

Zip

Country

Zip

Country

32344

Jefferson

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BILL RABON
 U.S. 19 SOUTH
 MONTICELLO FL 32344**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **RABON, WILLIAM L J**
 STREET ADDRESS **RT 4 BOX 4696**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **VD** ☐ Delete
 NAME **WILLIAM L. RABON III**
 STREET ADDRESS **RT 4 BOX 4696**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE **VD** ☐ Delete
 NAME **PHILIP H. RABON**
 STREET ADDRESS **RT 4 BOX 4696**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE **SD** ☐ Delete
 NAME **RABON, CARLENE**
 STREET ADDRESS **RT 4 BOX 4696**
 CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **TDSD** ☐ Delete
 NAME **RABON, CARLENE S**
 STREET ADDRESS **RT 4 BOX 4696**
 CITY-ST-ZIP **MONTICELLO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **8-15-02** **850-997-2566**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)