

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000018158

1. Entity Name
FARMER/BANNER GP, INC.



Principal Place of Business

1665 SCOTT BLVD
DECATUR, GA 30033 US

Mailing Address

8111 SHELBYVILLE ROAD
LOUISVILLE, KY 40222 US

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc

Suite Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

03122004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3432164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
CARL A. BERTOCH, P.A.
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of person or previous name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
PC
FARMER, TRACY ☐ Delete
STREET ADDRESS
8665 BAY COLONY DRIVE #1804
CITY- ST- ZIP
NAPLES, FL 341086774

TITLE
NAME
S
FARMER, DEL ☐ Delete
STREET ADDRESS
8111 SHELBYVILLE RD.
CITY- ST- ZIP
LOUISVILLE, KY 40222

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04

562 426-2726

Date

Daytime Phone #