

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
TAMMY B. MONTGOMERY
GOVERNOR
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

23 MAY 11 1995 47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32668

(8)

1. Corporation Name

JONESVILLE FEED & SUPPLY, INC.

Principal Place of Business

14201 W NEWBERRY RD
NEWBERRY FL 32669
US

Mailing Address

14201 W NEWBERRY RD
NEWBERRY FL 32669
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated in Florida

04/27/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3120510 59-3120810

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 § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

State Apt # etc

22

State Apt # etc

27

City & State

23

City & State

28

24

Country

25

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRING, HEROLD H.

14201 W NEWBERRY RD
NEWBERRY FL 32669

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0503 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

(Signature of Registered Agent or Registered Agent in Charge, if applicable)

47

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
HERRING, HEROLD H.
3809 N.W. 29TH ST.
GAINESVILLE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST
HERRING, ELIZABETH T.
RT. 2 BOX 192
NEWBERRY FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change

☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change

☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(g), Florida Statutes. I further certify that the information included 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 liquidator designated for this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: Elizabeth T. Herring

(Signature and Typed or Printed Name of Signing Officer or Director)

5-0495 904-32291071