## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 21 1997 8:00am Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # V61971 I FEED & FARM SUPPLY, IN	(O) IC.						
Principal Place of Business		Mailing Address			† 81911 <b>319</b> 11 81311 <b>5</b> 1	BIL DIBLE 1	JUNIU URBI	
RT 4 BOX 861 PALATKA FL 32177		RT 4 BOX 861 PALATKA FL 32177-8349						
···					3. Date Incorporated or Qualified 09/04/1992	3a. Date of 05/10/1		port
2. Principal P	lace of Businoss	2a. Mailing Address 26			4. FEI Number 59-3140904	Applied For Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	3. <b>75</b> A Fee Re	dditionat quired
City & Stat	е	City & State		Election Campaign Financing     Trust Fund Contribution		5.00 Added to	May Be	
Zip 24	Country 25	7ip	Country	,	8. This corporation has liability for		inder s.	
67	9. Name and Address of Current		30]		10. Name and Address of New Re			
EUBANKS, ALLEN BRADLEY				Namo		<u>~</u> _		
RT 4	I BOX 472 ATKA FL 32177		82	Street Addr	rcss (P.O. Box Number is Not Acceptable)			
PAL	MINA PL 32111		63					
•			84	City		FL 85	Zip C	ode
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Statute of Florida. Such change was a tions of, Section 607.0505, Fto	es, the above authorized by orida Statutes	e-named corp the corporat s.	poration submits this statement for the p tion's board of directors. I hereby acce	ourpose of char pt the appointm	iging its ient as i	registered registered
SIGNATURE	Signature, typed or printed name of registered agen	and title it applicable (NOT)	: Registered Age	nnt signature requi	red when roinstaling)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE	CTOR	3 IN 12
TITLE			1.1 101.6				hange	☐ Addition
NAME	EUBANKS, ALLEN BRADLEY		1.2 NAME	1				]
STREET ADDRESS	RT 4 BOX 472		1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 C(TY - S	IT - ZIP				1 3 4 69
TITLE		∐ DELETE	2.1 TITLE	1		نا لــا	Change	Addition
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NAME	<del></del> -		3.2 NAME	ł			-	- }
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NAME			4 2 NAME					Ì
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NAME:			5.2 NAME	ADDRESS				
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CITY-ST-ZIP TITLE		5.4 C DELETE 6.11		1-20*		Пс	hange	Addition
NAME		<u></u>	G.2 NAME	}		·		
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-SY-ZIP			6.4 CITY - S					ŀ
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I do 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 chapted, or on an attachment with an address.

GNATURE:

GNATURE:

GNATURE:

GNATURE: SIGNATURE: