

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790526

Entity Name: FARMERS COOPERATIVE INC.

Current Principal Place of Business:

1841 W. HOWARD ST.
LIVE OAK, FL 32064

FILED
Feb 17, 2022
Secretary of State
9395317808CC

Current Mailing Address:

PO BOX 610
LIVE OAK, FL 32064 US

FEI Number: 59-0566896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, TODD
1841 W. HOWARD ST.
LIVE OAK, FL 32064 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name MCLEOD, KENNETH
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name LEE, JEFF
Address 1841 W. HOWARD ST.
City-State-Zip: LIVE OAK FL 32064

Title ST
Name LAWRENCE, TODD
Address 1841 W HOWARD STREET
City-State-Zip: LIVE OAK FL 32064

Title D
Name MORGAN, KEVIN M
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name CARTE, WILLIAM T
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

Title PRESIDENT
Name HAMRICK, JEFFERY
Address 1841 W. HOWARD ST.
P O BOX 610
City-State-Zip: LIVE OAK FL 32064

Title VICE PRESIDENT
Name LYONS, RICKY N
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name EUBANKS, ARNETT
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD LAWRENCE

SECRETARY/TREASURER 02/17/2022

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name STEICHEN, TIMOTHY
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name HENDERSON, TED
Address PO BOX 610
City-State-Zip: LIVE OAK FL 32064