

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F59934

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC0221855233**

**Entity Name:** CONSOLIDATED FEED & SUPPLY CO., INC.

**Current Principal Place of Business:**

633 HWY 90 WEST  
DEFUNIAK SPRINGS, FL 32435-8449

**Current Mailing Address:**

PO BOX 1449  
DEFUNIAK SPRINGS, FL 32435-8449 US

**FEI Number:** 59-2160271

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FRIZZELL, ARTHUR W  
580 TWIN LAKES DRIVE  
DEFUNIAK SPRINGS, FL 32433 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 PT  
Name FRIZZELL, ARTHUR W  
Address 580 TWIN LAKES DR.  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title VS  
Name MILLER, PAMELA  
Address 334 S 11TH STREET  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title V  
Name BETTS, WILLIE S  
Address 1272 S 2ND STREET  
City-State-Zip: DEFUNIAK SPRINGS FL 32435

Title V  
Name FRIZZELL, ARTHUR III  
Address 233 AERO DRIVE  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR W FRIZZELL

**PRESIDENT**

**04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date