

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000063434

**Entity Name:** FLORIDA AGRICULTURAL MARKETING ASSOCIATION, INC.**Current Principal Place of Business:**5700 SW 34TH STREET  
GAINESVILLE, FL 32608**Current Mailing Address:**P.O. BOX 147030  
GAINESVILLE, FL 32614-7030**FEI Number:** 59-1228820**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRASWELL, STACI  
5700 SW 34TH STREET  
GAINESVILLE, FL 32608 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:** STACI BRASWELL

01/09/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	HOBlick, JOHN L
Address	5700 S.W. 34TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	VPD
Name	SCHIRARD, BRANT
Address	1860 PULITZER ROAD
City-State-Zip:	FORT PIERCE FL 34945

Title	SD
Name	BYRD, MARK A
Address	8286 STONE ROAD
City-State-Zip:	APOPKA FL 32703

Title	TD
Name	LAND, ROD
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

Title	D
Name	ETHERIDGE, BRAD
Address	5700 SW 34TH STREET
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	DOONER, MICHAEL
Address	P.O. BOX 147030
City-State-Zip:	GAINESVILLE FL 32614

*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:** JOHN L. HOBlick**PRESIDENT**

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date