

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790526 (8)
 1. Corporation Name
FARMERS COOPERATIVE INC.

APPROVED
 AND
 FILED

 95 MAY 11 AM 8:11

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business PO BOX 610 LIVE OAK FL 32060	Mailing Address PO BOX 610 LIVE OAK FL 32060
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2. Principal Place of Business 21 Suite, Apt. # etc 22 City & State 23 zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 zip 29 Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1947	3a. Date of Last Report 04/26/1994
4. FEI Number 59-0566896	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WEEKS, SAM H.
 1725 W. HOWARD STREET
 LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P O Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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) _____ (Signature of Registered Agent)
(Signature of Registered Agent) (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LUNDY, J. HUDSON
STREET ADDRESS	RT 2 BOX 225/NA
CITY, ST, ZIP	LIVE OAK FL
TITLE	V
NAME	BURNETT, RAY
STREET ADDRESS	RT 3, BOX 297/NA
CITY, ST, ZIP	LIVE OAK FL
TITLE	ST
NAME	WEEKS, SAM H.
STREET ADDRESS	1725 W. HOWARD STREET
CITY, ST, ZIP	LIVE OAK FL
TITLE	D
NAME	GAMBLE, GERALD
STREET ADDRESS	RT 5, BOX 184/NA
CITY, ST, ZIP	LIVE OAK FL
TITLE	D
NAME	DASHER, KENNETH
STREET ADDRESS	RT 3, BOX 320/NA
CITY, ST, ZIP	MCALPIN FL
TITLE	D
NAME	PUTNAL, LESTER
STREET ADDRESS	RT 1, BOX 588
CITY, ST, ZIP	MAYO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR