

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 790526 (8)

1. Corporation Name  
**FARMERS COOPERATIVE INC.**



Principal Place of Business: PO BOX 610 LIVE OAK FL 32060  
Mailing Address: PO BOX 610 LIVE OAK FL 32060

3. Date Incorporated or Qualified: 03/20/1947  
3a. Date of Last Report: 05/11/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	59-0566896		Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	29	Zip			
25	Country	30	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8.	This corporation has liability for intangible tax under s. 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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gamble, Gerald	
1.3 STREET ADDRESS	RT 5 BOX 184/NA	
1.4 CITY-ST-ZIP	Live Oak, FL 32060	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lundy, J. Hudson	
4.3 STREET ADDRESS	Rt 2 Box 225/NA	
4.4 CITY-ST-ZIP	Live Oak, FL 32060	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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

4-11-96 1-904-362-1459  
Date Daytime Phone #

CR2E037 (12/95)