

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790526

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC6765509558**

**Entity Name:** FARMERS COOPERATIVE INC.

**Current Principal Place of Business:**

1841 W. HOWARD ST.  
LIVE OAK, FL 32064

**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 32060 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            PRES  
Name            MCLEOD, KENNETH  
Address        PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title            VP  
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            ROBERTS, EDDY  
Address        P.O. BOX 184  
City-State-Zip: O'BRIEN FL 32071

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

*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** 01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date