

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790526

**FILED  
Feb 17, 2022  
Secretary of State  
9395317808CC**

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

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

Title DIRECTOR  
Name CARTE, WILLIAM T  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title PRESIDENT  
Name HAMRICK, JEFFERY  
Address 1841 W. HOWARD ST.  
P O BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title VICE PRESIDENT  
Name LYONS, RICKY N  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR  
Name EUBANKS, ARNETT  
Address PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

**Continues on page 2**

*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 02/17/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           STEICHEN, TIMOTHY  
Address        PO BOX 610  
City-State-Zip: LIVE OAK FL 32064

Title           DIRECTOR  
Name           HENDERSON, TED  
Address        PO BOX 610  
City-State-Zip: LIVE OAK FL 32064