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FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/20/1947	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number 59-0566896	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GERALD GAMBLE	
STREET ADDRESS	ROUTE 5, BOX 1847/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	J HUDSON LUNDY	
STREET ADDRESS	RT 2, BOX 225/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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SAM H. WEEKS 4/23/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (10/97)