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Apr 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790526
 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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/20/1947
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0566896
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEEKS, SAM H TODD LAWRENCE 1725 W. HOWARD STREET LIVE OAK FL 32060		81 Name	TODD LAWRENCE
		82 Street Address (P.O. Box Number is Not Acceptable)	1725 W. HOWARD ST.
		83	LIVE OAK, FL. 32064
		84 City	FL
		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 Todd Lawrence Todd Lawrence DATE 4/20/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD GAMBLE	1.2 NAME	E. RICHARD TERRY
STREET ADDRESS	ROUTE 5, BOX 1847/NA	1.3 STREET ADDRESS	RT 1 Box 2295
CITY-ST-ZIP	LIVE OAK FL	1.4 CITY-ST-ZIP	MADISON, FL. 32340
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNETT, RAY	2.2 NAME	ARCHIE DAVIS
STREET ADDRESS	RT 3, BOX 297/NA	2.3 STREET ADDRESS	Rt 1 Box 2500
CITY-ST-ZIP	LIVE OAK FL	2.4 CITY-ST-ZIP	LEE, FL. 32059
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SEC/TRES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SAM H.	3.2 NAME	TODD LAWRENCE
STREET ADDRESS	1725 W. HOWARD STREET	3.3 STREET ADDRESS	1725 W. HOWARD ST.
CITY-ST-ZIP	LIVE OAK FL	3.4 CITY-ST-ZIP	LIVE OAK, FL. 32060
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J HUDSON LUNDY	4.2 NAME	JOHN C. WEBB
STREET ADDRESS	RT 2, BOX 225/NA	4.3 STREET ADDRESS	RT 1 Box 510
CITY-ST-ZIP	LIVE OAK FL	4.4 CITY-ST-ZIP	LEE, FL. 32059
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DASHER, KENNETH	5.2 NAME	EDDY ROBERTS
STREET ADDRESS	RT 3, BOX 320/NA	5.3 STREET ADDRESS	PO Box 184
CITY-ST-ZIP	MCALPIN FL	5.4 CITY-ST-ZIP	OBRIEN, FL. 32071
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUTNAL, LESTER	6.2 NAME	JOAN NEWMAN
STREET ADDRESS	RT 1, BOX 588	6.3 STREET ADDRESS	RT 1 Box 667
CITY-ST-ZIP	MAYO FL	6.4 CITY-ST-ZIP	MCALPIN, FL. 32062

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, with all other like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** DATE: 4/20/99 DAYTIME PHONE #: 904.362.1459

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