

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90232 001 ****61.25

0007024

DOCUMENT # 790526

1. Entity Name

FARMERS COOPERATIVE INC.

Principal Place of Business

Mailing Address

PO BOX 610
 LIVE OAK FL ~~32060~~ 32064
 US

PO BOX 610
 LIVE OAK FL 32060 32064
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0566896

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, TODD
1725 W HOWARD STREET
LIVE OAK FL 32060

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TERRY, E. RICHARD	
STREET ADDRESS	RT 1, BOX 2295	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ARCHIE	
STREET ADDRESS	RT 1, BOX 2500	
CITY-ST-ZIP	LEE FL 32059	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LAWRENCE, TODD	
STREET ADDRESS	1725 W HOWARD STREET	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBB, JOHN C	
STREET ADDRESS	RT 1, BOX 510	
CITY-ST-ZIP	LEE FL 32059	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERTS, EDDY	
STREET ADDRESS	P.O. BOX 184	
CITY-ST-ZIP	O'BRIEN FL 32071	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEWMAN, JOAN	
STREET ADDRESS	RT 1, BOX 667	
CITY-ST-ZIP	MCALPIN FL 32062	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Todd Lawrence

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

904 362 1459

Daytime Phone #

CR2E037 (10/00)