

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90208 032 ****61.25

0069633

DOCUMENT # 790526

1. Entity Name
FARMERS COOPERATIVE INC.



Principal Place of Business
**PO BOX 610
LIVE OAK FL 32064
US**

Mailing Address
**PO BOX 610
LIVE OAK FL 32064
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LAWRENCE, TODD
1725 W HOWARD STREET
LIVE OAK FL 32060**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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	HENDERSON, TED	
STREET ADDRESS	16540 68TH PL	
CITY-ST-ZIP	LIVE OAK FL 32064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 **REQUIRED**

4/17/03 386-362-1459

CR2E037 (10/02)