

2000-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44617

1. Entity Name

FARMERS AGRICULTURAL SUPPLY CO., INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90121 022 ***150.00

Principal Place of Business C/O JOHN VIRGIL MIXSON 5403 BROWN ST GRACEVILLE FL 32440	Mailing Address C/O JOHN VIRGIL MIXSON 5403 BROWN ST GRACEVILLE FL 32440-1719
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5386 Brown St. Suite, Apt. #, etc.	3. Mailing Address 5386 Brown St. Suite, Apt. #, etc.
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City & State Graceville, FL	City & State GRACEVILLE, FL	4. FEI Number 59-2473681	Applied For Not Applicable
Zip 32440	Country JACKSON	Zip 32440-1719	Country JACKSON

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MIXSON, JOHN VIRGIL
5403 BROWN ST
GRACEVILLE FL 32440

7. Name and Address of New Registered Agent

Name: John Virgil Mixson
 Street Address (P.O. Box Number is Not Acceptable): 5386 Ewell St.
 City: GRACEVILLE FL Zip Code: 32440

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: *John Virgil Mixson* DATE: 3/30/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIXSON, JOHN VIRGIL 5403 BROWN ST GRACEVILLE FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Virgil Mixson* DATE: 3/30/2000 DAYTIME PHONE #: 850-263-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)