

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90050 041 \*\*\*150.00

0598307 AT

DOCUMENT # **H44617**

1. Entity Name  
**FARMERS AGRICULTURAL SUPPLY CO., INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>C/O JOHN VIRGIL MIXSON<br/>         5386 BROWN STREET<br/>         GRACEVILLE FL 32440</b> | Mailing Address<br><b>C/O JOHN VIRGIL MIXSON<br/>         5386 BROWN STREET<br/>         GRACEVILLE FL 32440</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>5386 Ezell St.</b> | 3. Mailing Address<br><b>5386 Ezell St.</b> |
| Suite, Apt. #, etc.                                     | Suite, Apt. #, etc.                         |

|                                       |                                       |                                    |  |
|---------------------------------------|---------------------------------------|------------------------------------|--|
| City & State<br><b>Graceville, FL</b> | City & State<br><b>Graceville, FL</b> | 4. FEI Number<br><b>59-2473681</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>32440</b>                   | Country<br><b>JACKSON</b>             | Zip<br><b>32440</b>                | Country<br><b>JACKSON</b>                              |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MIXSON, JOHN VIRGIL  
 5386 BROWN STREET - Ezell St  
 GRACEVILLE FL 32440**

7. Name and Address of New Registered Agent

|  |
|--|
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| State<br><b>FL</b>                                 |
| 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: *John Virgil Mixson* DATE: **March 28, 2002**

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, 2002 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          | <b>PD</b>                  | <input type="checkbox"/> Delete |
| NAME           | <b>MIXSON, JOHN VIRGIL</b> |                                 |
| STREET ADDRESS | <b>5403 BROWN ST</b>       |                                 |
| CITY-ST-ZIP    | <b>GRACEVILLE FL</b>       |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | <b>PD</b>                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MIXSON, JOHNS VIRGIL</b> |  |
| STREET ADDRESS | <b>5386 EZELL ST.</b>       |  |
| CITY-ST-ZIP    | <b>GRACEVILLE, FL 32440</b> |  |
| 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    |                             |  |

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: **March 28, 2002** 850-849-0477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)