

2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



1. CORPORATION NAME:

FARMERS' SUPPLY CORPORATION OF FLOYD

DUE DATE: 03/31/18

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.

JOHN H. LAWSON
101 E. MAIN STREET
FLOYD, VA 24091

SCC ID NO.: 0036758-1

5. STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

131-FLOYD COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: PO BOX 711	ADDRESS:
CITY/ST/ZIP FLOYD, VA 24091	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

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Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: JOHN H LAWSON	NAME:
TITLE: PRESIDENT	TITLE:
ADDRESS: 6675 MALLARD LK CT	ADDRESS:
CITY/ST/ZIP: ROANOKE, VA 24018	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

John Lawson
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT

John Lawson
PRINTED NAME AND CORPORATE TITLE

2/23/18
DATE

2018 ANNUAL REPORT CONTINUED

218042799--2/26/2018

218042799

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7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

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<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: THOMAS T LAWSON TITLE: TREASURER ADDRESS: GLEBE MILL CITY/ST/ZIP: TROUTVILLE, VA 24175</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: J PATTERSON LAWSON TITLE: DIRECTOR ADDRESS: 830 SOUTHLAKE BLVD CITY/ST/ZIP: RICHMOND, VA 23236</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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