

**2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 00522888
Filing Number: 200128276901
Filing Date/Time: 01/28/2020 08:19 AM
Effective Date/Time: 01/28/2020 08:19 AM



1. CORPORATION NAME:
VIRGINIA PEANUT GROWERS ASSOCIATION, INC. DUE DATE: **02/29/20**
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: **0052288-8**
THOMAS R COTTON JR
VA PEANUT GROWERS ASSOC 1001 CAMPBELL AVE
PO BOX 59
FRANKLIN, VA 23851
5. TOTAL NUMBER OF AUTHORIZED SHARES:
3. CITY OR COUNTY OF VA REGISTERED OFFICE:
305-FRANKLIN CITY (FILED IN SO)
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 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: 1001 CAMPBELL AVE CITY/ST/ZIP FRANKLIN, VA 22851	ADDRESS: 1001 Campbell Ave. PO BOX 59 CITY/ST/ZIP Franklin, VA 23851-0059

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 type="checkbox"/> Information is correct <input checked="" 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 checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: HARRY GOODRICH TITLE: PRESIDENT ADDRESS: 1116 GOODRICH FORK RD. CITY/ST/ZIP: WAKEFIELD, VA 23888	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Henry Goodrich TITLE: President ADDRESS: 1116 Goodrich Fork Rd. CITY/ST/ZIP: Wakefield, VA 23888

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

 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS R COTTON JR Sec/TREAS PRINTED NAME AND CORPORATE TITLE	1/24/2020 DATE
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It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: BRANDON CLEMENTS TITLE: DIRECTOR ADDRESS: 791 BEEF RD. CITY/ST/ZIP: EMPORIA, VA 23847</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 type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" 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 checked="" type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: W. JOHN ORTON TITLE: DIRECTOR ADDRESS: 26725 PERKINS RD. CITY/ST/ZIP: PETERSBURG, VA 23804</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Randy Everett TITLE: Director ADDRESS: 18291 Concord Sappony Rd. CITY/ST/ZIP: Stony Creek, VA 23882</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: TAYLOR OUTLAND TITLE: DIRECTOR ADDRESS: 30304 OUTLAND DR. CITY/ST/ZIP: CARRSVILLE, VA 23315</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: JEFF ROACH TITLE: DIRECTOR ADDRESS: 1975 GRASSY POND RD. CITY/ST/ZIP: EMPORIA, VA 23847</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>



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<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Randy Roninson TITLE: Director ADDRESS: 2579 Otterdam Rd. CITY/ST/ZIP: Emporia, VA 23874</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Kirk Jones TITLE: Director ADDRESS: 27054 Little Norfolk Rd. CITY/ST/ZIP: Windsor, VA 23487</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Greg Butler TITLE: Director ADDRESS: 20150 Quaker Rd. CITY/ST/ZIP: Windsor, VA 23487</p>



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<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Jason Holland TITLE: Director ADDRESS: 2550 Longstreet Lane CITY/ST/ZIP: Suffolk, VA 23434</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Travis Bailey TITLE: Director ADDRESS: 1419 Planters Drive CITY/ST/ZIP: Suffolk, VA 23434</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p>NAME: Rich Williams(VP) TITLE: Director ADDRESS: 1876 Kings Fork Rd. CITY/ST/ZIP: Suffolk, VA 23434</p>



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<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Michael Ellis TITLE: Director ADDRESS: 6321 Whaleyville Blvd. CITY/ST/ZIP: Suffolk, VA 23438</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Calvin Clements TITLE: Director ADDRESS: 800 Montpelier Rd. CITY/ST/ZIP: Spring Grove, VA 23881</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> <p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jeffrey Pope TITLE: Director ADDRESS: 13009 Cedar View Rd. CITY/ST/ZIP: Drewryville, VA 23844</p>



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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Westley Drake TITLE: Director ADDRESS: 31361 Sands Rd. CITY/ST/ZIP: Newsoms, VA 23874</p>
<p>Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Matthew Drake TITLE: Director ADDRESS: 31426 Sunbeam Rd. CITY/ST/ZIP: Franklin, VA 23851</p>
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<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield Rd. CITY/ST/ZIP: Courtland, VA 23837</p>
<p>Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p style="text-align: center;">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Jason Hodges TITLE: Director ADDRESS: 1378 Southampton Pkwy. CITY/ST/ZIP: Emporia, VA 23847</p>



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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Wesley Barnes TITLE: Director ADDRESS: 17264 Ivor Rd. CITY/ST/ZIP: Courtland, VA 23837
Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Glen Pierce TITLE: Director ADDRESS: PO Box 70 CITY/ST/ZIP: Surry, VA 23883
Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Steve Berryman TITLE: Director ADDRESS: 399 Alliance Rd. CITY/ST/ZIP: Surry, VA 23883
Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Michael D. Monahan TITLE: Director ADDRESS: 5497 Edgehill Lane CITY/ST/ZIP: Waverly, VA 23890



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OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Henry Gill TITLE: Director ADDRESS: PO Box 656 CITY/ST/ZIP: Jarratt, VA 23867
Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: Richard Johson TITLE: Director ADDRESS: 20070 Cabin Point Rd. CITY/ST/ZIP: Capron, VA 23829
Mark appropriate box unless area below is blank: <input 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 checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: Thomas R. Cotton, Jr. TITLE: Sec. / Treas. ADDRESS: 6016 Mulners Rd. CITY/ST/ZIP: Suffolk, VA 23434
Mark appropriate box unless area below is blank: <input 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 type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

