

**2021 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

Commonwealth of Virginia  
State Corporation Commission  
Office of the Clerk  
Entity ID: 00522888  
Filing Number: 2101292858126  
Filing Date/Time: 01/29/2021 11:38 AM  
Effective Date/Time: 01/29/2021 11:38 AM



1. CORPORATION NAME:  
VIRGINIA PEANUT GROWERS ASSOCIATION, INC.
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR  
THOMAS R COTTON JR  
VA PEANUT GROWERS ASSOC 1001 CAMPBELL AVE  
PO BOX 59  
FRANKLIN, VA 23851-0000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
620-FRANKLIN CITY (FILED IN SO)
4. STATE OR COUNTRY OF INCORPORATION:  
VA-Virginia

DUE DATE: **02/28/21**

SCC ID NO.: **0052288-8**

5. TOTAL NUMBER OF AUTHORIZED SHARES:

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: 1001 CAMPBELL AVE PO BOX 59    CITY/ST/ZIP FRANKLIN, VA 22851-0059	ADDRESS:     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.

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 type="checkbox"/> Correction <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Replacement
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 23888-0000	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME: Rich Williams TITLE: President ADDRESS: 1876 Kings Fork Rd. CITY/ST/ZIP: Suffolk, VA 23434

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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	1/27/21 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.

**2021 ANNUAL REPORT CONTINUED**

CORPORATION NAME:  
VIRGINIA PEANUT GROWERS ASSOCIATION, INC.

DUE DATE: **02/28/21**  
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<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: THOMAS R COTTON JR          TITLE: Secretary, Trea          ADDRESS: 6016 MULNERS RD          CITY/ST/ZIP: Suffolk, VA 23434-0000</p>	<p align="center">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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: BRANDON CLEMENTS          TITLE:          ADDRESS: 791 BEEF RD.          CITY/ST/ZIP: EMPORIA, VA 23847-0000</p>	<p align="center">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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TAYLOR OUTLAND          TITLE:          ADDRESS: 30304 OUTLAND DR.          CITY/ST/ZIP: CARRSVILLE, VA 23315-0000</p>	<p align="center">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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JEFF ROACH          TITLE:          ADDRESS: 1975 GRASSY POND RD.          CITY/ST/ZIP: EMPORIA, VA 23847-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:          TITLE:          ADDRESS:          CITY/ST/ZIP:</p>

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:            Austin Hale</p> <p>TITLE:            Director</p> <p>ADDRESS:        17719 Bolsters Rd.</p> <p>CITY/ST/ZIP:    Stony Creek, VA    23882</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:            Randy Everett</p> <p>TITLE:            Director</p> <p>ADDRESS:        18291 Concord Sappony Rd.</p> <p>CITY/ST/ZIP:    Stony Creek, VA    23882</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:            Randy Robinson</p> <p>TITLE:            Director</p> <p>ADDRESS:        2579 Otterdam Rd.</p> <p>CITY/ST/ZIP:    Emporia, VA        23847</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:</p> <p>TITLE:</p> <p>ADDRESS:</p> <p>CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME:            Kirk Jones</p> <p>TITLE:            Director</p> <p>ADDRESS:        27054 Little Norfolk Rd.</p> <p>CITY/ST/ZIP:    Windsor, VA        23487</p>

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p 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>
<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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Robert Bridges TITLE: Director ADDRESS: 20262 Orbit 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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Travis Bailey TITLE: Director ADDRESS: 1419 Planters Drive CITY/ST/ZIP: Suffolk, VA 23434</p>

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**7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)**

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Charles Archer TITLE: Director ADDRESS: 6238 Rhodes Dr. 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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p 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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p 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>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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Richard Kitchen TITLE: Director ADDRESS: 17104 Cary's Bridge Rd. CITY/ST/ZIP: Courtland, VA 23837</p>

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OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME: Westley Drake TITLE: Director ADDRESS: 31361 Sands Rd. CITY/ST/ZIP: Newsoms, VA 23874
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: Matthew Drake TITLE: Director ADDRESS: 31426 Sunbeam Rd. CITY/ST/ZIP: Franklin, VA 23851
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: Ryan Pittman TITLE: Director ADDRESS: 15323 Wakefield 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 type="checkbox"/>  NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>  NAME: Jason Hodges TITLE: Director ADDRESS: 1378 Southampton Pkwy. CITY/ST/ZIP: Emporia, VA 23847

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Wesley Barnes TITLE: Vice - President ADDRESS: 17264 Ivor 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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Henry Goodrich TITLE: Director ADDRESS: 1116 Goodrich Fork Rd. CITY/ST/ZIP: Wakefield, VA 23888</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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Glen Pierce TITLE: Director ADDRESS: PO Box 70 CITY/ST/ZIP: Surry, VA 23883</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 align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: Steve Berryman TITLE: Director ADDRESS: 309 Alliance Rd. CITY/ST/ZIP: Surry, VA 23883</p>

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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME:        J. Wyatt Cox TITLE:        Director ADDRESS:      17625 Old Forty Rd. CITY/ST/ZIP: Waverly, VA    23890
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
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME:        Eric Bailey TITLE:        Director ADDRESS:      PO Box 204 CITY/ST/ZIP: Wakefield, VA    23888
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
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> NAME:        Richard Johnson TITLE:        Director ADDRESS:      20070 Cabin Point Rd. CITY/ST/ZIP: Carson, VA    23830
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
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

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