



Florida Department of Agriculture and Consumer Services  
 Division of Agricultural Environmental Services

Send completed form to:  
 Bureau of Compliance Monitoring  
 Feed Section  
 3125 Conner Blvd, Bldg. 8  
 Tallahassee, FL 32399-1650

**QUARTERLY REPORT OF COMMERCIAL FEEDS  
 DISTRIBUTED IN THE STATE OF FLORIDA**

WILTON SIMPSON  
 COMMISSIONER

Section 580.041, F.S. and Rule 5E-3.020, F.A.C.  
 Telephone (850) 617-7866

**Name and Mailing Address**

**Physical Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Feed Registrant Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Enter the appropriate months and year

\_\_\_\_\_

**FORMULA FEED DISTRIBUTED**  
 (Mixed Feed)

**FEED INGREDIENT DISTRIBUTED**  
 (Unmixed Ingredients)

	TONS (Lbs. ÷ 2,000)
1. Beef Feeds .....	_____
2. Commercial Dairy Feeds .....	_____
3. Cooperative Dairy Feeds .....	_____
4. Horse Feeds .....	_____
5. Commercial Poultry Feeds .....	_____
6. Integrated Poultry Operation Feeds .....	_____
7. Swine Feeds .....	_____
8. Mineral or Vitamin Supplements .....	_____
9. Milk Products .....	_____
(Excluding Dry Formulation Milk Replacers)	
10. Treats .....	_____
11. Other Feeds .....	_____
(Excluding Treats; Please Identify)	
_____	
_____	
_____	

	TONS (Lbs. ÷ 2,000)
1. Maize (Corn Products) .....	_____
2. Cottonseed Products .....	_____
3. Peanut Products .....	_____
4. Soybean Products .....	_____
5. Grain or Grain Products .....	_____
(Excluding Corn Products; Please Identify)	
_____	
_____	
6. Animal Products .....	_____
7. Mineral Products .....	_____
8. Other Feed Ingredients .....	_____
(Please Identify)	

Total Mixed Feed Tonnage: \_\_\_\_\_

Total Feed Ingredient Tonnage: \_\_\_\_\_

Total Tonnage Distributed: (Sum of Mixed Feeds and Feed Ingredient Tonnage) \_\_\_\_\_

Total Tonnage Distributed by Cooperative and Registrants Solely for Their Own Use: \_\_\_\_\_

Completed By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS REPORT MUST BE FILED within 30 days following the reporting period represented.**  
**Please retain a copy of the completed report for your records.**