

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 196114 (3)

1. Corporation Name

FARMER & IRWIN CORP.

Principal Place of Business

RAYMOND R IRWIN
3300 AVENUE K
RIVIERA BEACH FL 33404-2138

Mailing Address

RAYMOND R IRWIN
3300 AVENUE K
RIVIERA BEACH FL 33404-2138

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/19/1956

3a. Date of Last Report

04/25/1994

4. FEI Number

59-0864802

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

IRWIN, R
3300 AVENUE K
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Raymond R. Irwin

(Signature of Registered Agent or Director of the Corporation)

7-19-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	IRWIN, R
STREET ADDRESS	19050 SE COUNTY LINE RD
CITY, ST, ZIP	TEQUESTA FL
TITLE	DAS
NAME	ILOMAKI, LYDIA
STREET ADDRESS	13264 42ND RD. NO.
CITY, ST, ZIP	WEST PALM BEACH FL
TITLE	PTD
NAME	FARMER, R
STREET ADDRESS	199 COMMODORE DR.
CITY, ST, ZIP	JUPITER FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CSD	☒ Change ☐ Addition
1.2 NAME	IRWIN, RAYMOND R.	
1.3 STREET ADDRESS	19050 S.E. County Line Rd.	
1.4 CITY, ST, ZIP	Tequesta, FL 33469	
2.1 TITLE	PTD	☒ Change ☐ Addition
2.2 NAME	FARMER, ROBERT E., SR.	
2.3 STREET ADDRESS	8493 Egret Meadow Lane	
2.4 CITY, ST, ZIP	West Palm Beach, FL 33412	
3.1 TITLE	VD	☐ Change ☒ Addition
3.2 NAME	IRWIN, STEVEN R.	
3.3 STREET ADDRESS	6029 Woodlake Rd.	
3.4 CITY, ST, ZIP	Jupiter, FL 33458	
4.1 TITLE	VD	☐ Change ☒ Addition
4.2 NAME	FARMER, ROBERT E., JR.	
4.3 STREET ADDRESS	154 Cypress Cove	
4.4 CITY, ST, ZIP	Jupiter, FL 33458	
5.1 TITLE	VD	☐ Change ☒ Addition
5.2 NAME	TSURUTOME, GEORGE	
5.3 STREET ADDRESS	1398 S.W. 14th Dr.	
5.4 CITY, ST, ZIP	Boca Raton, FL 33432	
6.1 TITLE	VD	☐ Change ☒ Addition
6.2 NAME	NOONAN, TERRANCE	
6.3 STREET ADDRESS	2320 Treasure Isle Dr., #73	
6.4 CITY, ST, ZIP	Palm Beach Gardens, FL 33410	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Raymond R. Irwin

(Signature and Typed Name of Signing Officer or Director)

Raymond R. Irwin

7-19-95

407-842-5316

DATE

Telephone Number