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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **196114**

1. Corporation Name
FARMER & IRWIN CORP.

Principal Place of Business	Mailing Address
RAYMOND R IRWIN 3300 AVENUE K RIVIERA BEACH FL 33404-2138	RAYMOND R IRWIN 3300 AVENUE K RIVIERA BEACH FL 33404-2138

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: **09/19/1956**

4. FEI Number: **59-0864802** ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
IRWIN, STEVEN R 3300 AVENUE K RIVIERA BEACH FL 33404	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	COCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, R		1.2 NAME		
STREET ADDRESS	19050 SE COUNTY LINE RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	IRWIN, STEVEN R		2.2 NAME		
STREET ADDRESS	6029 WOODLAKE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		2.4 CITY-ST-ZIP		
TITLE	COCD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, R		3.2 NAME		
STREET ADDRESS	8493 EGRET MEADOW LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, ROBERT E JR		4.2 NAME		
STREET ADDRESS	154 CYPRESS COVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TSURUTOME, GEORGE		5.2 NAME		
STREET ADDRESS	1398 SW 14TH DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	VDAS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LONG, ALAN D		6.2 NAME		
STREET ADDRESS	5334 SE INLET PLACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Alan D. Long 3-5-99 (561) 842-5316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #