

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 18 AM 8:52

DOCUMENT # 388294

1. Corporation Name
FARMER ELECTRIC COMPANY

Principal Place of Business
1021 PALM VIEW DRIVE
PO BOX 4023
SOUTH DAYTONA FL 32119-2472

Mailing Address
PO BOX 4023
SOUTH DAYTONA FL 32121
US

REINSTATEMENT

3. Date Incorporated or Qualified
09/14/1971

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1367589

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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARMER, CHARLES M
783 SUGAR CANE LANE
PORT ORANGE FL 32119

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 607.1505, Florida Statutes.

SIGNATURE *Charles M. Farmer*
Signature, typed or printed name of registered agent and title if applicable

President
(NOTE: Registered Agent signature required when reinstating)

10/15/99
DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME FARMER, CHARLES M
STREET ADDRESS 783 SUGAR CANE LANE
CITY-STATE-ZIP PORT ORANGE FL ☐ DELETE

TITLE D
NAME FARMER, ANNE M
STREET ADDRESS 783 SUGAR CANE LANE
CITY-STATE-ZIP PORT ORANGE FL ☐ DELETE

TITLE D
NAME FARMER, ANNE M
STREET ADDRESS 909 CAREY DRIVE
CITY-STATE-ZIP SOUTH DAYTONA FL ☐ DELETE

TITLE VP
NAME FARMER, DAVID M
STREET ADDRESS 4882 HIDDEN LAKES DRIVE
CITY-STATE-ZIP PORT ORANGE FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 600003025466--2
2.4 CITY-STATE-ZIP -10/26/99--01065--004

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS ***750.00
3.4 CITY-STATE-ZIP ***750.00

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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.

SIGNATURE:

Charles M. Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-1-99

Date

904-717-2600

Daytime Phone #

012475

CR2E034 (5/99)