

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90111 029 ***150.00

DOCUMENT # **F97000001190**

1. Corporation Name
FOUR FARMERS CAPITAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1820 NW 82 AVE
MIAMI FL 33126
US

Mailing Address
1820 NW 82 AVE
MIAMI FL 33126
US

3. Date Incorporated or Qualified

03/07/1997

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 PO Box 5132

Suite, Apt. #, etc.

27 A2-3

City & State

28 Westlake Village, CA

Zip Country

29 91359-5132 30 USA

4. FEI Number

65-0733176

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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE #3000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

83

84 City
Tallahassee

85 Zip Code
FL 32301

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 (See Attached)

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DP DE LA TORRE, LORENZO
STREET ADDRESS
1820 NW 82ND AVE
CITY-ST-ZIP
MIAMI FL 33126

TITLE ☒ DELETE

NAME
COMP DIAZ-SARMIENTO, GABRIEL
STREET ADDRESS
1820 NW 82ND AVE
CITY-ST-ZIP
MIAMI FL 33126

TITLE ☒ DELETE

NAME
DS HAGEN, STEVEN H
STREET ADDRESS
701 BRICKELL AVE #3000
CITY-ST-ZIP
MIAMI FL 33131

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
(Lorenzo de la Torre)

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
DeLorenzo, David A.
2.3 STREET ADDRESS
31365 Oak Crest Drive
2.4 CITY-ST-ZIP
Westlake Village, CA 91361-4634

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
Tate, John W.
3.3 STREET ADDRESS
31365 Oak Crest Drive
3.4 CITY-ST-ZIP
Westlake Village, CA 91361-4634

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME
Evelyn Macia
4.3 STREET ADDRESS
2200 NW 70th Avenue
4.4 CITY-ST-ZIP
Miami, FL 33122

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
Perrigo, David W.
5.3 STREET ADDRESS
31365 Oak Crest Drive
5.4 CITY-ST-ZIP
Westlake Village, CA 91361-4634

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME
Tibbitts, J. Brett
6.3 STREET ADDRESS
31365 Oak Crest Drive
6.4 CITY-ST-ZIP
Westlake Village, CA 91361-4634

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:

David W. Perrigo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date

818-879-6600
Daytime Phone #

CR2E034 (11/98)

*** FILING FEE: \$35.00 ***

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: _____

Four Farmers Capital, Inc.

2. The mailing address of the corporation is: 31365 Oak Crest Drive A2-4

Westlake Village, CA 91361

3. Date of incorporation/qualification: March 7, 1997 Document number: F97000001190

4. The name and address of the current registered agent and office:

Intrastate Reg Agt Corporation

3000, 701 Brickell Avenue

Miami, FL 33131

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

FILED
99 JAN 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

David W. Perrigo
(Signature of an officer, chairman or vice chairman of the board)

January 11, 1999
(Date)

David W. Perrigo, Assistant Treasurer

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Corporation Service Company

Karen E. Wehner
(Signature of Registered Agent)

1-18-99
(Date)

If signing on behalf of an entity:

Karen E. Wehner

Assistant Vice President

(Typed or Printed Name)

(Capacity)