

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 838362 (2)
1. Corporation Name
DUCLARKEE INC.

95 JAN 31 PM 2:47

Principal Place of Business Mailing Address
222 E. ROBINSON ST. 222 E. ROBINSON ST.
KNOXVILLE IA 50138 KNOXVILLE IA 50138

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		28. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/05/1977	06/20/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		42-6056986	Not Applicable
24 Zip		25 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOODWARD, ARTHUR V. 207 NORTH COLLIER BLVD., SUITE 203 MARCO ISLAND FL 33937				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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, NED K.	1.2 NAME	
STREET ADDRESS	R.R. #1	1.3 STREET ADDRESS	
CITY- ST- ZIP	KNOXVILLE IA	1.4 CITY- ST- ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, D. L.	2.2 NAME	
STREET ADDRESS	710 E. MADISON	2.3 STREET ADDRESS	
CITY- ST- ZIP	KNOXVILLE IA	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, STUART L.	3.2 NAME	STD
STREET ADDRESS	212 W MARION	3.3 STREET ADDRESS	
CITY- ST- ZIP	KNOXVILLE IA	3.4 CITY- ST- ZIP	
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOB, MATTHEW C.	4.2 NAME	D
STREET ADDRESS	213 W MAIN	4.3 STREET ADDRESS	Job, MARGARET P.
CITY- ST- ZIP	KNOXVILLE IA	4.4 CITY- ST- ZIP	213 W. MAIN Knoxville IA 50138
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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: Stuart L. Job Secy. 1-24-95 (515) 628-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR