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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F94000001867 (0)

1. Corporation Name
FORKE BROTHERS, THE AUCTIONEERS, INC.



Principal Place of Business Mailing Address
3901 FAULKNER DR. LINCOLN NE 68516
3901 FAULKNER DR. LINCOLN NE 68516-4738

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **03/27/1996**
 4. FEI Number **47-0773534** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	VICE CHAIRMAN/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITSIT, ROBERT K	12 NAME	DEWITT C. THOMPSON III
STREET ADDRESS	3901 FAULKNER DR.	13 STREET ADDRESS	1245 BRIDGESTONE BLVD
CITY- ST- ZIP	LINCOLN NE	14 CITY- ST- ZIP	NASHVILLE TN 37086
TITLE	V <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DULING, KEVIN G	22 NAME	
STREET ADDRESS	3901 FAULKNER DR.	23 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE 68516	24 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TVERSTOL, DOUGLAS J	32 NAME	
STREET ADDRESS	3901 FAULKNER DR.	33 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE	34 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORKE, TED J	42 NAME	
STREET ADDRESS	3901 FAULKNER DR.	43 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE 68516	44 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORKE, SCOTT L	52 NAME	
STREET ADDRESS	3901 FAULKNER DR.	53 STREET ADDRESS	
CITY- ST- ZIP	LINCOLN NE 68516	54 CITY- ST- ZIP	
TITLE	C <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RINGHAVER, RANDAL L	62 NAME	
STREET ADDRESS	8050 PHILIPS HWY.	63 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL 32232	64 CITY- ST- ZIP	

14. I do 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: *[Signature]* **D.J. Tverstol** 3-17-97 402-421-8681
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Day-mo-yr

CR2E034 (9/96)