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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90211 024 ***300.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000004857

1. Corporation Name

COUNTRY GENERAL, INC.

Principal Place of Business

3915 DELAWARE AVENUE
DES MOINES IA 50313
US

Mailing Address

3915 DELAWARE AVENUE
DES MOINES IA 50313
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/07/1994

4. FEI Number

47-0778047

Applied For

No: Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 SOUTH PINE ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
MCKITRICK, JIM
3915 DELAWARE AVENUE
DES MOINES IA 50313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VS
LONGNECKER, DEAN
3915 DELAWARE AVENUE
DES MOINES IA 50313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST
STARR, DENNY
3915 DELAWARE AVENUE
DES MOINES IA 50313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

EVPS
PEARSON, JOHN
3915 DELAWARE AVENUE
DES MOINES IA 50313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVML
ENOS, DAVE
3915 DELAWARE AVENUE
DES MOINES IA 50313

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SVPO
STANTON, JEFF
3915 DELAWARE AVENUE
DES MOINES IA 50313

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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 a different like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denny Starr

3/19/99

Date

575-266-3101

Daytime Phone #

CR2E034 (1/98)