

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90028 030 ***150.00

DOCUMENT # F97000006427

1. Corporation Name

PRIMEVEST INSURANCE AGENCY OF ALABAMA, INC.

Principal Place of Business

400 1ST ST. SOUTH. STE. 300
PO BOX 283
ST. CLOUD MN 56302

Mailing Address

400 1ST ST. SOUTH. STE. 300
PO BOX 283
ST. CLOUD MN 56302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

41-1786871

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND 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

TITLE	CPD	<input type="checkbox"/> DELETE
NAME	RUMMEL-MCCOOL, LEEANN	
STREET ADDRESS	6218 KENWOOD RD.	
CITY-ST-ZIP	ST. CLOUD MN 56303	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SIPE, MICHAEL	
STREET ADDRESS	826 RIVERSIDE DR. SE	
CITY-ST-ZIP	ST. CLOUD MN 56304	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MAAS, KEVIN P	
STREET ADDRESS	812 9TH ST. N.	
CITY-ST-ZIP	SARTELL MN 56377	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Ken Camernes	
STREET ADDRESS	400 S. First Street # 300	
CITY-ST-ZIP	St. Cloud, MN 56301	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	Ron Paulson	
STREET ADDRESS	400 S. First Street # 300	
CITY-ST-ZIP	St. Cloud, MN 56301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

Kevin P. Maas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-26-99
Daytime Phone # 320-656-4011

0555884

CR2E034 (11/98)