

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

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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90177 027 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000004945**

1. Corporation Name  
**FORKE AUCTIONEERS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3901 FAULKNER DRIVE LINCOLN NE 68516**  
 Mailing Address: **3901 FAULKNER DRIVE LINCOLN NE 68516**

3. Date Incorporated or Qualified: **09/01/1998**  
 4. FEI Number: **47-0810601**  
 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**  
 2a. Mailing Address: **26**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 City & State: **27**  
 City & State: **28**  
 Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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	CD	<input type="checkbox"/> DELETE
NAME	RINGHAVER, RANDAL L	
STREET ADDRESS	8050 PHILLIPS HIGHWAY	
CITY-ST-ZIP	JACKSONVILLE FL 32232	
TITLE	VCSD	<input type="checkbox"/> DELETE
NAME	THOMPSON, DEWITT C	
STREET ADDRESS	1245 BRIDGESTONE BOULEVARD	
CITY-ST-ZIP	LAVERGNE TN 37086-3510	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITSIT, ROBERT K	
STREET ADDRESS	3901 FAULKNER DRIVE	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REGAS, CHRIS L	
STREET ADDRESS	8826 GOODBY'S EXECUTIVE DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	LIGHTER, C J	
STREET ADDRESS	3901 FAULKNER DRIVE	
CITY-ST-ZIP	LINCOLN NE 68516	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAPPAS, LEON G	
STREET ADDRESS	250 NORTH FORSYTH	
CITY-ST-ZIP	CLAYTON MO 63105	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CEO, D
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:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

Daytime Phone #

CR2E034 (1/1/98)