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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P10918 (1)

**1. Corporation Name
DICO INC.**

**Principal Place of Business Mailing Address
200 SW 16TH ST. 200 SW 16TH ST.
DES MOINES IA 50309 DES MOINES IA 50309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/25/1986 3a. Date of Last Report 05/01/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 1201 OLD HOPEWELL RD	26 2345 E MARKET	42-1279519	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc SUITE 9	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 TAMPA, FL	28 DES MOINES IA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33619-2629	25 Country HILLSBOUGH	29 Zip 50317	30 Country POLK

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	B1 Name			
	B2 Street Address (P.O. Box Number is Not Acceptable)			
	B3			
	B4 City	FL	B5 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 607.0503, Florida Statutes.

SIGNATURE _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	T/O
NAME	SCHUSTER, GARY L.	12 NAME	KENT HACKAMACK
STREET ADDRESS	200 S.W. 16TH STREET	13 STREET ADDRESS	2701 SPRUCE ST
CITY ST ZIP	DES MOINES IA	14 CITY ST ZIP	QUINCY, IL 62301
TITLE	PD	21 TITLE	
NAME	SAMIDE, MIKE	22 NAME	
STREET ADDRESS	200 SW 16 ST	23 STREET ADDRESS	2701 SPRUCE ST
CITY ST ZIP	DE MOINES IA	24 CITY ST ZIP	QUINCY, IL 62301
TITLE	SD	31 TITLE	S
NAME	COLLETTA, RICHARD	32 NAME	CHERI HOLLEY
STREET ADDRESS	2701 SPRUCE ST	33 STREET ADDRESS	2701 SPRUCE ST
CITY ST ZIP	QUINCY IL	34 CITY ST ZIP	QUINCY, IL 62301
TITLE	D	41 TITLE	MD
NAME	TAYLOR, MAURICE	42 NAME	
STREET ADDRESS	2701 SPRUCE ST	43 STREET ADDRESS	
CITY ST ZIP	QUINCY IL	44 CITY ST ZIP	62301
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included in 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 of this form, or on any attachment with an address.

SIGNATURE: *Mike Samide* **DATE:** 4/19/95 **PHONE:** (515) 265-9310

NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: MIKE SAMIDE