

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844768

Entity Name: INTERSTATES OF FLORIDA, INC.**Current Principal Place of Business:**1400 7TH AVENUE N.E.
SIOUX CENTER, IA 51250**Current Mailing Address:**C/O CRARY HUFF LAW FIRM
P.O. BOX 27
SIOUX CITY, IA 51102-0027 US**FEI Number:** 42-0932098**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title EXECUTIVE VICE PRESIDENT
Name CRUMRINE, DAVID A.
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title SECRETARY, DIRECTOR
Name BLOOM, CATHERINE
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title EXECUTIVE VICE PRESIDENT
Name POST, DOUG
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title VP
Name CROUGH, DANIELLE
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title CHAIRMAN, CEO, PRESIDENT,
DIRECTOR
Name PETERSON, SCOTT R.
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title CFO, TREASURER, DIRECTOR
Name VAN EGDOM, JOEL
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title CHIEF INFORMATION OFFICER
Name MEYERS, MIKE
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title VP
Name DIELEMAN, DAREN
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KYLE NICKLES**ASSISTANT TREASURER** 01/30/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title CONTROLLER, ASSISTANT TREASURER
Name NICKLES, KYLE
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250

Title VP
Name KLEMENT, BILL
Address 1400 7TH AVENUE N.E.
City-State-Zip: SIOUX CENTER IA 51250