

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

FILED

Apr 01 1997 8:00am  
Secretary of State

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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 840215 (8)**  
 1. Corporation Name  
**PALMER COMMUNICATIONS INCORPORATED**

|  |   |
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| Principal Place of Business<br><b>1801 GRAND AVENUE<br/>DES MOINES IA 50309<br/>US</b> | Mailing Address<br><b>1801 GRAND AVENUE<br/>DES MOINES IA 50309-3309<br/>US</b> |
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|--|--|--|--|---|---|
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country<br>24   |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country<br>29        |  | <b>3. Date Incorporated or Qualified</b><br><b>03/15/1978</b>   | <b>3a. Date of Last Report</b><br><b>04/29/1996</b> |
| <b>4. FEI Number</b><br><b>42-0173900</b>  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| <b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |   |   |

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|---|--|--|--|
| <b>9. Name and Address of Current Registered Agent</b><br><b>WISEHART, M. WAYNE</b><br><b>12800 UNIVERSITY DRIVE</b><br><b>SUITE 500</b><br><b>FT. MYERS FL 33907</b> |  | <b>10. Name and Address of New Registered Agent</b><br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code |  |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------------|---|--|
| TITLE                      | VTS <input type="checkbox"/> DELETE | 1.1 TITLE   | PRESIDENT & COO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| NAME                       | MCCOLLUM, GORDON A                  | 1.2 NAME  | JOSEPH R. LENTZ  |
| STREET ADDRESS             | 4904 POMMEL PLACE                   | 1.3 STREET ADDRESS                                    | 1801 GRAND AVENUE  |
| CITY - ST - ZIP            | WEST DES MOINES IA                  | 1.4 CITY - ST - ZIP                                   | DES MOINES, IA 50309   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 2.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | RYAN, WILLIAM J                     | 2.2 NAME  | ROBERT H. HARTER   |
| STREET ADDRESS             | 8111 BAY COLONY DR #801             | 2.3 STREET ADDRESS                                    | 505 5TH AVENUE, SUITE 548  |
| CITY - ST - ZIP            | NAPLES FL                           | 2.4 CITY - ST - ZIP                                   | DES MOINES, IA 50309   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 3.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | ENGELHARDT, ROBERT G                | 3.2 NAME  | R. RICHARD BITTNER   |
| STREET ADDRESS             | 11430 MAHOOGANY RUN                 | 3.3 STREET ADDRESS                                    | 201 WEST SECOND STREET   |
| CITY - ST - ZIP            | FT MYERS FL                         | 3.4 CITY - ST - ZIP                                   | DAVENPORT, IA 52801  |
| TITLE                      | D <input type="checkbox"/> DELETE   | 4.1 TITLE   | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME                       | WISEHART, M. WAYNE                  | 4.2 NAME  | VICKIE A. PALMER   |
| STREET ADDRESS             | 15348 FIDDLESTICKS BLVD             | 4.3 STREET ADDRESS                                    | P.O. BOX 67 (1500 GREAT RIVER ROAD)  |
| CITY - ST - ZIP            | FT MYERS FL                         | 4.4 CITY - ST - ZIP                                   | PRINCETON, IA 52768-0067   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 5.1 TITLE   | ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | MCCLOSKEY, BONNIE P.                | 5.2 NAME  | NOREEN L. CHRISTIANS   |
| STREET ADDRESS             | 730 EAST DURANT                     | 5.3 STREET ADDRESS                                    | 1801 GRAND AVENUE  |
| CITY - ST - ZIP            | ASPEN CO                            | 5.4 CITY - ST - ZIP                                   | DES MOINES, IA 50309   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 6.1 TITLE   | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| NAME                       | SUTTON, JENNY W.                    | 6.2 NAME  | MARK HALVERSON   |
| STREET ADDRESS             | 4080 CUTLASS LANE                   | 6.3 STREET ADDRESS                                    | 1801 GRAND AVENUE  |
| CITY - ST - ZIP            | NAPLES FL                           | 6.4 CITY - ST - ZIP                                   | DES MOINES, IA 50309   |

14. I do 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.

SIGNATURE: Gordon A. McCollum 2-12-97 515-242-3776  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 GORDON A. MCCOLLUM, VP/TREASURER/SECRETARY

CR2E034 (9/96)