

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840215 (8)
 1. Corporation Name
PALMER COMMUNICATIONS INCORPORATED



Principal Place of Business 1801 GRAND AVENUE DES MOINES IA 50309 US	Mailing Address 1801 GRAND AVENUE DES MOINES IA 50309 US
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
03/15/1978

2. Principal Place of Business 21 11430 MAHOGANY RUN Suite, Apt. #, etc.	2a. Mailing Address 26 1535 LINDEN STREET Suite, Apt. #, etc.
22 City & State 23 FT. MYERS, FL	27 SUITE 201 28 DES MOINES, IA
24 Zip 33914 25 Country	29 Zip 50309 30 Country USA

4. FEI Number **42-0173900** 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 or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WISEHART, M. WAYNE
12800 UNIVERSITY DRIVE
SUITE 500
FT. MYERS FL 33907

10. Name and Address of New Registered Agent
 81 Name **ROBERT G. ENGELHARDT**
 82 Street Address (P.O. Box Number is Not Acceptable) **11430 MAHOGANY RUN**
 83
 84 City **FT. MYERS** 85 Zip Code **FL 33914**

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 *Robert G. Engelhardt, President* DATE **4-25-98**

12. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> DELETE
NAME	MCCOLLUM, GORDON A	
STREET ADDRESS	4904 POMMEL PLACE	
CITY-ST-ZIP	WEST DES MOINES IA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RYAN, WILLIAM J	
STREET ADDRESS	8111 BAY COLONY DR #801	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGELHARDT, ROBERT G	
STREET ADDRESS	11430 MAHOGANY RUN	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WISEHART, M. WAYNE	
STREET ADDRESS	15348 FIDDLESTICKS BLVD	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, BONNIE P.	
STREET ADDRESS	730 EAST DURANT	
CITY-ST-ZIP	ASPEN CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTON, JENNY W.	
STREET ADDRESS	4080 CUTLASS LANE	
CITY-ST-ZIP	NAPLES FL	

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	PRESIDENT & DIRECTOR <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	4101 CUTLASS LANE
6.4 CITY-ST-ZIP	NAPLES, FL 34102

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.

SIGNATURE: *Gordon A McCollum* DATE: **4/24/98** 515-246-8566

CR2E034 (10/97)