

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90003 003 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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



Principal Place of Business Mailing Address  
11430 MAHOGANY RUN  
FT. MYERS, FL 33914  
US  
1535 LINDEN STREET  
SUITE 201  
DES MOINES, IA 50309  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/15/1978

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

2. Principal Place of Business  
21 801 12TH AVENUE SOUTH  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4904 POMMEL PLACE  
Suite, Apt. #, etc.

22 SUITE #400

27

City & State

City & State

23 NAPLES, FL

28 WEST DES MOINES, IA

Zip

Zip

24 34102-7336

29 50265

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGELHARDT, ROBERT G.  
11430 MAHOGANY RUN  
FT. MYERS, FL 33914

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VTS  
MCCOLLUM, GORDON A.  
4904 POMMEL PLACE  
WEST DES MOINES IA

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addit

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ENGELHARDT, ROBERT G  
11430 MAHOGANY RUN  
FT MYERS FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DIRECTOR  
VICKIE PALMER PRUTER  
1500 GREAT RIVER ROAD  
PRINCETON, IA 52768-0067  
☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCLOSKEY, BONNIE P.  
730 EAST DURANT  
ASPEN CO

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
132 W. MAIN STREET  
ASPEN, CO 81611  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SUTTON, JENNY W.  
4101 CUTLASS LANE  
NAPLES FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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*

4-30-99

515-327-0960