

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 850626

1. Corporation Name

PETULA ASSOCIATES, LTD. (INC.)

Principal Place of Business

711 HIGH ST.
%BETTY CREIGHTON, LAW DEPT
DES MOINES IA 50392-0300
US

Mailing Address

711 HIGH ST.
%BETTY CREIGHTON, LAW DEPT
DES MOINES IA 50392-0300
US

2. Principal Place of Business

21 711 High Street

22 Suite, Apt. #, etc.
c/o Deborah Kerns, Law

23 City & State
Des Moines, IA

24 Zip Country
50392-0300 USA

2a. Mailing Address

26 711 High Street

27 Suite, Apt. #, etc.
c/o Deborah Kerns, Law

28 City & State
Des Moines, IA

29 Zip Country
50392-0300 USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

10/06/1981

4. FEI Number

42-0942596

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 the current year Intangible
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME PD
STREET ADDRESS FRANCIS, D. P.
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

TITLE ☐ DELETE

NAME VOAS
STREET ADDRESS ELLINGSON, D. P.
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

TITLE ☐ DELETE

NAME VS
STREET ADDRESS HOFFMAN, J.N.
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

TITLE ☐ DELETE

NAME DVP
STREET ADDRESS HAUSER, GREGORY C.
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

TITLE ☒ DELETE

NAME ~~D~~
STREET ADDRESS KELLER, RONALD E.
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

TITLE ☐ DELETE

NAME AS
STREET ADDRESS BRICKER, MARY L
CITY-ST-ZIP 711 HIGH ST
DES MOINES IA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
Eucher, Ralph C.
711 High Street
Des Moines, IA 50392

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, on an attachment with an address, with all other like empowered.

MARY L BRICKER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED ASSISTANT CORPORATE SECRETARY

Date

Daytime Phone #

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90087 047 ***150.00



DO NOT WRITE IN THIS SPACE

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