

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000836 (6)**

1. Corporation Name  
**NATIONAL SERVICE CO. OF IOWA, INC.**

Principal Place of Business: **HIGHWAY 34 EAST MT. PLEASANT IA 52641**  
Mailing Address: **HIGHWAY 34 EAST MT. PLEASANT IA 52641**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1010 EAST WASHINGTON ST	26 PO BOX 350	02/18/1994	04/18/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 City & State	28 City & State	42-1356467	Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country	30 Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	SYKES, RUSSELL	1.2 NAME	TERRY RUSSELL
STREET ADDRESS	3725 GALWAY DR.	1.3 STREET ADDRESS	PO BOX 350 1832 249th St.
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	MT. PLEASANT, IA 52641
TITLE	VS	2.1 TITLE	SECRETARY
NAME	ROSS, TERRY	2.2 NAME	SHIRLEY SWANSON
STREET ADDRESS	1832 249 ST.	2.3 STREET ADDRESS	PO BOX 350 RR5-301 Freepart Ave
CITY-ST-ZIP	MT. PLEASANT IA 52641	2.4 CITY-ST-ZIP	MT PLEASANT IA 52641
TITLE	T	3.1 TITLE	SECRETARY & TREASURER
NAME	SWANSON, SHIRLEY	3.2 NAME	SHIRLEY SWANSON
STREET ADDRESS	P.O. BOX 350 N/A	3.3 STREET ADDRESS	PO. BOX 350 - RR5-301 Freepart Ave.
CITY-ST-ZIP	MT. PLEASANT IA 52641	3.4 CITY-ST-ZIP	MT. PLEASANT, IA 52641
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	300001829833
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/20/96--01058--033
TITLE		6.1 TITLE	***200.00
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Shirley Swanson, Secy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-96 3193852614 289

CR2E034 (12/95)