


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

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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90177 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F94000001867					
1. Corporation Name FORKE, INC.					
Principal Place of Business 3901 FAULKNER DR. LINCOLN NE 68516			Mailing Address 3901 FAULKNER DR. LINCOLN NE 68516		
2. Principal Place of Business 21 Forke, Inc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/11/1994	
Suite, Apt. #, etc. 22 8826 Goodby's Executive Dr.		Suite, Apt. #, etc. 27 City & State		4. FEI Number 47-0773534	
City & State 23 Jacksonville, FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32217		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., STE. 105 TALLAHASSEE FL 32301			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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE VCS <input type="checkbox"/> DELETE					
NAME THOMPSON, IV D C					
STREET ADDRESS 1245 BRIDGESTONE BLVD					
CITY-ST-ZIP NASHVILLE TN					
TITLE T <input checked="" type="checkbox"/> DELETE					
NAME LIGHTER, JOE C					
STREET ADDRESS 12500 NORTH 84TH ST					
CITY-ST-ZIP LINCOLN NE 68517					
TITLE PD <input checked="" type="checkbox"/> DELETE					
NAME WHITSIT, ROBERT K					
STREET ADDRESS 5933 BARTHOLOMEW CIR					
CITY-ST-ZIP LINCOLN NE 68512					
TITLE D <input checked="" type="checkbox"/> DELETE					
NAME PAPPAS, LEON					
STREET ADDRESS 250 NORTH FORSYTH					
CITY-ST-ZIP CLAYTON NO 63105					
TITLE VD <input type="checkbox"/> DELETE					
NAME REGAS, CHRIS L					
STREET ADDRESS 9230 BEAUCLERC CIR E					
CITY-ST-ZIP JACKSONVILLE FL 32257					
TITLE C <input type="checkbox"/> DELETE					
NAME RINGHAVER, RANDAL L					
STREET ADDRESS 8050 PHILIPS HWY.					
CITY-ST-ZIP JACKSONVILLE FL 32232					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)