

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

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

02-23-1999 90089 016 \*\*\*150.00

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1. Corporation Name

EQUITY FC, LTD. CORPORATION

Principal Place of Business

711 HIGH ST.  
DES MOINES IA 50392

Mailing Address

711 HIGH ST.  
DES MOINES IA 50392

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

4. FEI Number

42-1425518

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

2. Principal Place of Business

21 711 High Street

Suite, Apt. #, etc.

22 Deborah Kerns, Law

City & State

23 Des Moines, IA

Zip

24 50392

Country

25 US

2a. Mailing Address

26 711 High Street

Suite, Apt. #, etc.

27 Deborah Kerns, Law

City & State

28 Des Moines, IA

Zip

29 50392

Country

30 US

9. Name and Address of Current Registered Agent

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

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 VPS ☐ DELETE

NAME HOFFMAN, JOYCE N

STREET ADDRESS 711 HIGH ST.

CITY-ST-ZIP DES MOINES IA

TITLE DV ☐ DELETE

NAME FRANCIS, DENNIS P

STREET ADDRESS 711 HIGH ST.

CITY-ST-ZIP DES MOINES IA

TITLE DV ☐ DELETE

NAME HAUSER, GREGORY C

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

TITLE ~~D~~ ☒ DELETE

NAME ~~KELLER, RONALD E~~

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

TITLE DP ☐ DELETE

NAME SPARRGROVE, DEWAIN A

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP DES MOINES IA

TITLE D ☐ DELETE

NAME NARBER, GREGG R

STREET ADDRESS 711 HIGH ST

CITY-ST-ZIP 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY L BRICKER

1-7-99

515/248-3260

Date

Daytime Phone #

CR2E034 (11/98)