

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 29 1997 8:00am
Secretary of State

DOCUMENT # F94000004857 (8)

1. Corporation Name
COUNTRY GENERAL, INC.

Principal Place of Business
ONE CONAGRA DRIVE, CC-361
OMAHA NE 68102-5001

Mailing Address
ONE CONAGRA DRIVE, CC-361
OMAHA NE 68102-5094



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 One ConAgra Drive, CC 360
City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 One ConAgra Drive, CC 360
City & State

28 Omaha, NE 68102-5001

29 Zip Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/07/1994

3a. Date of Last Report

04/08/1996

4. FEI Number

47-0778047

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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 P
NAME MACE, LARRY D
STREET ADDRESS 616 GRAND AVE.
CITY-ST-ZIP GRAND ISLAND NE 68801 ☒ DELETE

TITLE V
NAME DIFONZO, KEN
STREET ADDRESS 16646 HOWARD CIRCLE
CITY-ST-ZIP OMAHA NE 68118 ☐ DELETE

TITLE VT
NAME O'DONNELL, JAMES P
STREET ADDRESS 15724 LEAVENWORTH ST.
CITY-ST-ZIP OMAHA NE 68118 ☒ DELETE

TITLE V
NAME DILL, JOHN J
STREET ADDRESS 326 SOUTH 124TH ST.
CITY-ST-ZIP OMAHA NE 68124 ☐ DELETE

TITLE S
NAME THOMAS, L.B.
STREET ADDRESS 7813 PIERCE ST.
CITY-ST-ZIP OMAHA NE 68124 ☒ DELETE

TITLE AS
NAME BADBERG, SUE E
STREET ADDRESS 4629 CAPITOL AVE.
CITY-ST-ZIP OMAHA NE ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Anthony J. Seitz
1.3 STREET ADDRESS 807 West 21 Road
1.4 CITY-ST-ZIP Phillips, NE 68865

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

3.1 TITLE Vice President, Treasurer ☐ Change ☒ Addition
3.2 NAME M. E. Lacey
3.3 STREET ADDRESS 9519 Parker Street
3.4 CITY-ST-ZIP Omaha, NE 68154

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 68154

5.1 TITLE Secretary ☐ Change ☒ Addition
5.2 NAME Walt Casey
5.3 STREET ADDRESS 414 Martin Drive N.
5.4 CITY-ST-ZIP Bellevue, NE 68005

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

14. I do 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:

John J. Dill

4/11/97

(402) 595-4305

CR2E034 (9/96)