

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:16

DOCUMENT # **F94000006660 (4)**

1. Corporation Name

NATIONAL AG UNDERWRITERS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 3501 THURSTON AVE. ANOKE MN 55303-1080	Mailing Address 3501 THURSTON AVE. ANOKE MN 55303-1080
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3. Date Incorporated or Qualified 12/29/1994	3a. Date of Last Report
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 41-1708414	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Zip 29		
	Country 30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, JIM	1.2 NAME	
STREET ADDRESS	16191 MAKAH ST NW	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANOKE MN 55303	1.4 CITY - ST - ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, PAM	2.2 NAME	
STREET ADDRESS	16191 MAKAH ST NW	2.3 STREET ADDRESS	
CITY - ST - ZIP	ANOKE MN 55303	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORIN, JIM	3.2 NAME	
STREET ADDRESS	7838 MAPLE HILL ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORCORAN MN 55340	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLGREN, ERNEST	4.2 NAME	
STREET ADDRESS	11490 KINGSBOROUGH TR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	COTTAGE GROVE MN 55016	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNELLY, MICHAEL E	5.2 NAME	
STREET ADDRESS	18205 34TH AVE N	5.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH MN 55447-1152	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRONNES, RANDY	6.2 NAME	
STREET ADDRESS	14735 WACO ST NW	6.3 STREET ADDRESS	
CITY - ST - ZIP	RAMSEY MN 55303	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 110.07(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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *Michael Connelly* **Mike Connelly** President **4/13/95** (612) 427-0290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR