

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000006660 (4)

1. Corporation Name

NATIONAL AG UNDERWRITERS, INC.



Principal Place of Business

Mailing Address

3501 THURSTON AVE.  
ANOKA MN 55303-1060

3501 THURSTON AVE.  
ANOKA MN 55303-1060

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

12/29/1994

3a. Date of Last Report

04/13/1995

4. FEI Number

41-1708414

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

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 of the person named as registered agent or director (Agent)

(NOTE: Registered Agent signature required when changing)

Date:

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	DEAL, JIM	
STREET ADDRESS	16191 MAKAH ST NW	
CITY - ST - ZIP	ANOKA MN 55303	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DEAL, PAM	
STREET ADDRESS	16191 MAKAH ST NW	
CITY - ST - ZIP	ANOKA MN 55303	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORIN, JIM	
STREET ADDRESS	7938 MAPLE HILL ROAD	
CITY - ST - ZIP	CORCORAN MN 55340	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KALLGREN, ERNEST	
STREET ADDRESS	11490 KINGSBOROUGH TR.	
CITY - ST - ZIP	COTTAGE GROVE MN 55016	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CONNEALY, MICHAEL E	
STREET ADDRESS	18205 34TH AVE N	
CITY - ST - ZIP	PLYMOUTH MN 55447-1152	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TRONNES, RANDY	
STREET ADDRESS	14735 WACO ST NW	
CITY - ST - ZIP	RAMSEY MN 55303	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	T, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Timothy Verbrugge	
33 STREET ADDRESS	2905 Bellepine Circle	
34 CITY - ST - ZIP	Sioux Falls, SD 57103	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if change, or on an attachment with an address.

SIGNATURE:

*Michael Connealy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96

Date

(612)437-0290

Telephone Number

CR2E034 (3/96)