

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **F95000000371 (3)**

1. Corporation Name
CALLS FOR LESS, INC.

Principal Place of Business

**ATTN: TERRY ANDERSON
P.O. BOX 1550
N. SIOUX CITY SD 57049**

Mailing Address

**ATTN: TERRY ANDERSON
P.O. BOX 1550
N. SIOUX CITY SD 57049**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

47-0781481

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 or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CP
SAPP, WILLIAM D
102 NOBLE DR.
ASHLAND NE 68003**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**CV
JONES, TIMOTHY P
RR1, BOX 615
JEFFERSON SD 57038**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DT
MARSH, ALLEN J
17616 TROON CIRCLE
OMAHA NE 68137**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DS
JONES, KATHLEEN S
1040 RIVER DR.
SIOUX CITY IA 51109**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
SAPP, LEE H
1882 S 114TH ST
OMAHA NE 68144**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
JOHN HOFFERT
2412 N. 161 ST.
OMAHA NE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

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

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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.

SIGNATURE:

Kathleen S Jones

Kathleen S Jones

2-3-98

605/232-4112

CR2E034 (10/97)