

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
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 043 ***150.00

DOCUMENT # **F95000000371**

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

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 the current year Intangible Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

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 CP ☒ DELETE

NAME **SAPP, WILLIAM D**
STREET ADDRESS **102 NOBLE DR.**
CITY-ST-ZIP **ASHLAND NE 68003**

TITLE CV ☐ DELETE

NAME **JONES, TIMOTHY P**
STREET ADDRESS **RR1, BOX 615**
CITY-ST-ZIP **JEFFERSON SD 57038**

TITLE DT ☒ DELETE

NAME **MARSH, ALLEN J**
STREET ADDRESS **17616 TROON CIRCLE**
CITY-ST-ZIP **OMAHA NE 68137**

TITLE DS ☐ DELETE

NAME **JONES, KATHLEEN S**
STREET ADDRESS **1040 RIVER DR.**
CITY-ST-ZIP **SIOUX CITY IA 51109**

TITLE D ☒ DELETE

NAME **SAPP, LEE H**
STREET ADDRESS **1882 S 114TH ST**
CITY-ST-ZIP **OMAHA NE 68144**

TITLE D ☒ DELETE

NAME **JOHN HOFFERT**
STREET ADDRESS **2412 N. 161 ST.**
CITY-ST-ZIP **OMAHA NE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President/Director** ☐ Change ☒ Addition

1.2 NAME **Dennis Stoutenburgh**
1.3 STREET ADDRESS **14651 Dallas Parkway Suite 905**
1.4 CITY-ST-ZIP **Dallas, TX 75240**

2.1 TITLE **VP Sales** ☒ Change ☐ Addition

2.2 NAME **Timothy P Jones**
2.3 STREET ADDRESS **725 N. Derby Lane**
2.4 CITY-ST-ZIP **North Sioux City, SD 57049**

3.1 TITLE **Senior VP/CFO** ☐ Change ☒ Addition

3.2 NAME **David Darnell**
3.3 STREET ADDRESS **14651 Dallas Parkway Suite 905**
3.4 CITY-ST-ZIP **Dallas, TX 75240**

4.1 TITLE **VP Operations/Sec.** ☒ Change ☐ Addition

4.2 NAME **Kathleen S. Jones**
4.3 STREET ADDRESS **725 N. Derby, N. Sioux City, SD**
4.4 CITY-ST-ZIP

5.1 TITLE **Treasurer** ☐ Change ☒ Addition

5.2 NAME **David Surette**
5.3 STREET ADDRESS **14651 Dallas Parkway Suite 905**
5.4 CITY-ST-ZIP **Dallas, TX 75240**

6.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition

6.2 NAME **Reid Presson**
6.3 STREET ADDRESS **14651 Dallas Parkway Suite 905**
6.4 CITY-ST-ZIP **Dallas, TX 75240**

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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