

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002806 (6)**

1. Corporation Name

**CROP LOSS ADJUSTING SERVICES, INC.**



Principal Place of Business

Mailing Address

PO BOX 5024  
GREAT FALLS MT 59403

PO BOX 5024  
GREAT FALLS MT 59403

2. Principal Place of Business

2a. Mailing Address

21 **201 Crop Growers Drive**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 **59405-1871**

25

29 **59403-5024**

30

3. Date Incorporated or Qualified

**06/09/1995**

3a. Date of Last Report

4. FEI Number

**81-0498936**

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 agent 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 the applicable

(P.O. Box) Registered Agent signature requires additional filing

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>HEMMINGSON, JOHN J</b>	
STREET ADDRESS	<b>201 CROP GROWERS DR</b>	
CITY-ST-ZIP	<b>GREAT FALLS MT 59405</b>	
TITLE	<b>VCST</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACK, GARY A</b>	
STREET ADDRESS	<b>201 CROP GROWERS DR</b>	
CITY-ST-ZIP	<b>GREAT FALLS MT 59405</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, ROBERT M</b>	
STREET ADDRESS	<b>201 CROP GROWERS DR</b>	
CITY-ST-ZIP	<b>GREAT FALLS MT 59405</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>524 Sherman Avenue</b>
14. CITY-ST-ZIP	<b>Coeur d'Alene, ID 83814</b>
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>DST</b>
23. STREET ADDRESS	
24. CITY-ST-ZIP	<b>Great Falls, MT 59405-1871</b>
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	<b>7500 College Blvd., Suite 1170</b>
34. CITY-ST-ZIP	<b>Overland Park, KS 66210</b>
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
6. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

**Gary A. Black; Sec/Tres 4/29/96**

**406-452-8101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)