

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003582 (2)**

1. Corporation Name

GULF STATES AGRISURANCE, INC.



Principal Place of Business

Mailing Address

222 S 15TH ST., STE 600 N
OMAHA NE 68102

222 S 15TH ST., STE 600 N
OMAHA NE 68102

3. Date Incorporated or Qualified
07/25/1995

3a. Date of Last Report

4. FEI Number
47-0790180

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

DC
NAME GIBSON, RICHARD C
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

TITLE DELETE

DCP
NAME GIBSON, KIM
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

TITLE DELETE

D
NAME NELSON, JOHN P
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

TITLE DELETE

D
NAME COON, KEN
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

TITLE DELETE

DV
NAME GRIMSLEY, GENE
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

TITLE DELETE

S
NAME KNOLLA, PETE
STREET ADDRESS 222 S 15TH ST., STE 600 N
CITY-ST-ZIP OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

T
1.2 NAME Mace, Georgia M.
1.3 STREET ADDRESS 222 South 15th St. Suite 600 North
1.4 CITY-ST-ZIP Omaha, NE 68102-1628

2.1 TITLE Change Addition

DP
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

000001793710
-04/25/96--01012--029
***200.00

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia M. Mace Treasurer

3-28-96 (402) 344-8800

CR2E034 (12/95)