

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

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

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

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 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

☐ Change ☒ Addition

1.1 TITLE 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 DP ☒ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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)