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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 68102-1628**

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report: **04/24/1996**

21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number: 47-0790180	Applied For: <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent										5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
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.										6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
12. OFFICERS AND DIRECTORS										8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC <input checked="" type="checkbox"/> DELETE	NAME: GIBSON, RICHARD C	1.1 TITLE: CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.1 NAME: Richard Gibson
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	1.2 STREET ADDRESS: 535 West Broadway	1.2 CITY-ST-ZIP: Council Bluffs, IA 51503
TITLE: DCP <input checked="" type="checkbox"/> DELETE	NAME: GIBSON, KIM	2.1 TITLE: PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.1 NAME: Kim Gibson
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	2.2 STREET ADDRESS: 535 West Broadway	2.2 CITY-ST-ZIP: Council Bluffs, IA 51503
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: NELSON, JOHN P	3.1 TITLE: T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	3.1 NAME: Georgia Mace
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	3.2 STREET ADDRESS: 222 South 15th Street, Suite 600 North	3.2 CITY-ST-ZIP: Omaha, NE 68102-1628
TITLE: D <input checked="" type="checkbox"/> DELETE	NAME: COON, KEN	4.1 TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	4.1 NAME: Peter Knolla
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	4.2 STREET ADDRESS: 222 South 15th Street, Suite 600 North	4.2 CITY-ST-ZIP: Omaha, NE 68102-1628
TITLE: DV <input checked="" type="checkbox"/> DELETE	NAME: GRIMSLEY, GENE	5.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.1 NAME: John Nelson
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	5.2 STREET ADDRESS: 222 South 15th Street, Suite 600 North	5.2 CITY-ST-ZIP: Omaha, NE 68102-1628
TITLE: S <input checked="" type="checkbox"/> DELETE	NAME: KNOLLA, PETE	6.1 TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	6.1 NAME: Kenneth Coon
STREET ADDRESS: 222 S 15TH ST., STE 600 N	CITY-ST-ZIP: OMAHA NE 68102	6.2 STREET ADDRESS: 222 South 15th Street, Suite 600 North	6.2 CITY-ST-ZIP: Omaha, NE 68102-1628

14. I do 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, 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: *Georgia M. Mace* Date: **2-18-97** Daytime Phone #: **(402) 344-8800**

CR2E034 (9/96)