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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1995

4. FEI Number

47-0790180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

68102-1628

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

68102-1628

30

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE

NAME GIBSON, RICHARD C
STREET ADDRESS 635 WEST BROADWAY
CITY-ST-ZIP COUNCIL BLUFFS IA

TITLE ☐ DELETE

NAME GIBSON, KIM
STREET ADDRESS 635 WEST BROADWAY
CITY-ST-ZIP COUNCIL BLUFFS IA

TITLE ☐ DELETE

NAME MACE, GEORGIA
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

NAME KNOLLA, PETER
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

NAME NELSON, JOHN
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP OMAHA NE

TITLE ☐ DELETE

NAME COON, KENNETH
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

51503

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

51503

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

68102-1628

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

68102-1628

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

68102-1628

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

68102-1628

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.

Georgia M. Mace

Treasurer 4/15/98 (102) 244 0800

CR2E034 (10/97)