

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000003582 (2)**  
 1. Corporation Name  
**GULF STATES AGRISURANCE, INC.**



Principal Place of Business <b>222 S 15TH ST., STE 600 N OMAHA NE 68102</b>	Mailing Address <b>222 S 15TH ST., STE 600 N OMAHA NE 68102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/25/1995</b>	
21		26		4. FEI Number <b>47-0790180</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIBSON, RICHARD C</b>	1.2 NAME	
STREET ADDRESS	<b>635 WEST BROADWAY</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COUNCIL BLUFFS IA</b>	1.4 CITY-ST-ZIP	<b>51503</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIBSON, KIM</b>	2.2 NAME	
STREET ADDRESS	<b>635 WEST BROADWAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COUNCIL BLUFFS IA</b>	2.4 CITY-ST-ZIP	<b>51503</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACE, GEORGIA</b>	3.2 NAME	
STREET ADDRESS	<b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	3.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KNOLLA, PETER</b>	4.2 NAME	
STREET ADDRESS	<b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	4.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NELSON, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	5.4 CITY-ST-ZIP	<b>68102-1628</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COON, KENNETH</b>	6.2 NAME	
STREET ADDRESS	<b>222 SOUTH 15TH STREET, SUITE 600 NORTH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	6.4 CITY-ST-ZIP	<b>68102-1628</b>

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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ Georgia M. Mace  
 Treasurer 4/15/98 (100) 244 0800

CR2E034 (10/97)