

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90114 024 \*\*\*150.00

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DOCUMENT # F95000003582

1. Corporation Name

GULF STATES AGRISURANCE, INC.



Principal Place of Business

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

Mailing Address

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

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 CD ☐ DELETE  
NAME GIBSON, RICHARD C  
STREET ADDRESS 535 WEST BROADWAY  
CITY-ST-ZIP COUNCIL BLUFFS IA 51503

TITLE PD ☐ DELETE  
NAME GIBSON, KIM  
STREET ADDRESS 535 WEST BROADWAY  
CITY-ST-ZIP COUNCIL BLUFFS IA 51503

TITLE T ☐ DELETE  
NAME MACE, GEORGIA  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE S ☐ DELETE  
NAME KNOLLA, PETER  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE D ☐ DELETE  
NAME NELSON, JOHN  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

TITLE D ☐ DELETE  
NAME COON, KENNETH  
STREET ADDRESS 222 SOUTH 15TH STREET, SUITE 600 NORTH  
CITY-ST-ZIP OMAHA NE 68102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/Executive VP ☐ Change ☒ Addition  
1.2 NAME Gene Grimsley  
1.3 STREET ADDRESS 535 West Broadway  
1.4 CITY-ST-ZIP Council Bluffs, IA 51503

2.1 TITLE ☐ 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Georgia Mace  
Treasurer

2/4/99 402-344-8800

Date

Daytime Phone #

CR2E034 (11/98)