

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90020 044 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004102 (8)

1. Corporation Name

MINSERVCO, INC.

Principal Place of Business 200 FIRST STREET SW ROCHESTER, MN 55905	Mailing Address 200 FIRST STREET SW ROCHESTER, MN 55905
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1995

4. FEI Number

41-1346366

Applied For

Not Applicable

5. Certificate of Status Desired ☒ X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 ATTN: FOUNDATION ACCTG

22 City & State

27 200 FIRST STREET SW

23 Zip Country

28 ROCHESTER, MN

24 Zip Country

29 55905 **30** OLMSTED

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTIN, JOANNE
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224**

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	PC	<input type="checkbox"/> DELETE
NAME	BARRETT, DAVID M	
STREET ADDRESS	200 FIRST STREET SW	
CITY - ST - ZIP	ROCHESTER, MN 55905	
TITLE	VVC	<input type="checkbox"/> DELETE
NAME	MCDONALD, THOMAS J M.D.	
STREET ADDRESS	200 FIRST STREET SW	
CITY - ST - ZIP	ROCHESTER, MN 55905	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	OVIATT, JONATHAN	
STREET ADDRESS	200 FIRST STREET SW	
CITY - ST - ZIP	ROCHESTER, MN 55905	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EBEL, DAVID R	
STREET ADDRESS	200 FIRST STREET SW	
CITY - ST - ZIP	ROCHESTER, MN 55905	
TITLE	DAT	<input type="checkbox"/> DELETE
NAME	HOFFMAN, HARRY	
STREET ADDRESS	200 FIRST STREET SW	
CITY - ST - ZIP	ROCHESTER, MN 55905	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *David R. Ebel* David R. Ebel
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(507) 284-5752

Daytime Phone #