

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

**FILED**  
**Feb 19 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003456 (8)**

1. Corporation Name

**JOHN DEERE INSURANCE AGENCY, INC.**



Principal Place of Business

Mailing Address

**3400 80TH ST  
MOLINE IL 61265**

**3400 80TH ST  
MOLINE IL 61265**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>		<b>3. Date Incorporated or Qualified</b> <b>07/05/1996</b>	<b>4. FEI Number</b> <b>36-3613807</b>	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	CP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOFFMAN, DENNIS E			1.2 NAME	Robert E. Nixon		
STREET ADDRESS	3400 80TH ST			1.3 STREET ADDRESS	3400 80th St.		
CITY-ST-ZIP	MOLINE IL 61265			1.4 CITY-ST-ZIP	Moline IL 61265		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ESTOK, GEORGE			2.2 NAME	Robert D. Schauenberg		
STREET ADDRESS	3400 80TH ST			2.3 STREET ADDRESS	3400 80th St.		
CITY-ST-ZIP	MOLINE IL			2.4 CITY-ST-ZIP	Moline IL 61265		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ASHENBERG, WAYNE			3.2 NAME			
STREET ADDRESS	3400 80TH ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	MOLINE IL			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LYON, REX S			4.2 NAME	Phil Moore		
STREET ADDRESS	3400 80TH ST			4.3 STREET ADDRESS	3400 80th St.		
CITY-ST-ZIP	MOLINE IL 61265			4.4 CITY-ST-ZIP	Moline IL 61265		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ADAM, JOSEPH N			5.2 NAME			
STREET ADDRESS	3400 80TH ST			5.3 STREET ADDRESS			
CITY-ST-ZIP	MOLINE IL 61265			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUDOS, DANIEL J			6.2 NAME			
STREET ADDRESS	3400 80TH ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	MOLINE IL 61265			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.**

CR2E034 (10/97)