

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004472 (4)**

1. Corporation Name

BLAKELY CROP HAIL, INC.



Principal Place of Business 100 E. 9TH ST. TOPEKA KS 66601	Mailing Address 100 E. 9TH ST. TOPEKA KS 66612-1207
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3. Date Incorporated or Qualified 08/28/1996	3a. Date of Last Report
4. FEI Number 48-0904150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

**WEAVER, BOB
313 N. OHIO AVE.
LIVE OAK FL 32060**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 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	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL	1.2 NAME	
STREET ADDRESS	100 E. 9TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66601	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RICHARD	2.2 NAME	
STREET ADDRESS	100 E. 9TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOPEKA KS 66601	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRKHEAD, L K	3.2 NAME	
STREET ADDRESS	1122 N. MAIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MCPHERSON KS 67460	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHERSIDE, JAMES L	4.2 NAME	
STREET ADDRESS	1122 N. MAIN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MCPHERSON KS 67460	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, WILLIAM L	5.2 NAME	
STREET ADDRESS	119 W. SHERMAN	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUTCHINSON KS 67504	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, JOE F II	6.2 NAME	
STREET ADDRESS	RR 3 BOX 60	6.3 STREET ADDRESS	
CITY-ST-ZIP	TONGANOXIE KS 66088	6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* **REQUIRED** *3/21/97*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Keith Birkhead* Secretary & Treasurer
 Date Daytime Phone #

CR2E034 (9/96)