

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  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90109 046 \*\*\*150.00

DOCUMENT # F96000004472

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 66601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1996

4. FEI Number

48-0904150

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip 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

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PDC  
NAME MILLER, MICHAEL  
STREET ADDRESS 100 E. 9TH ST.  
CITY-ST-ZIP TOPEKA KS 66601

TITLE V ☐ DELETE

NAME ROGERS, RICHARD  
STREET ADDRESS 100 E. 9TH ST.  
CITY-ST-ZIP TOPEKA KS 66601

TITLE STD ☐ DELETE

NAME BIRKHEAD, L K  
STREET ADDRESS 1122 N. MAIN  
CITY-ST-ZIP MCPHERSON KS 67460

TITLE DC ☐ DELETE

NAME KETCHERSIDE, JAMES L  
STREET ADDRESS 1122 N. MAIN  
CITY-ST-ZIP MCPHERSON KS 67460

TITLE D ☐ DELETE

NAME MITCHELL, WILLIAM L  
STREET ADDRESS 119 W. SHERMAN  
CITY-ST-ZIP HUTCHINSON KS 67504

TITLE D ☐ DELETE

NAME JENKINS, JOE F II  
STREET ADDRESS RR 3 BOX 60  
CITY-ST-ZIP TONGANOXIE KS 66086

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 119.073(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 a letter like empowered.

SIGNATURE: *L Keith Birkhead* L KEITH BIRKHEAD, SEC/TREAS 4/20/99 (316) 241-2200 X1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0564088