200.1 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # **F96000004472** 1. Entity Name BLAKELY CROP HAIL, INC. 05-02-2001 90142 018 ***150.00 Principal Place of Business Mailing Address 100 E. 9TH ST. 100 E. 9TH ST. Topeka KS 66601 TOPEKA KS 66601 80044582 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 48-0904150 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired ____ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEAVER, BOB Street Address (P.O. Box Number is Not Acceptable) 313 N. OHIO AVE. LIVE OAK FL 32060 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition 🔀 Delete PRESIDENT TITLE PDC TITLE NAME NAME MILLER, MICHAEL RICHARD ROGERS STREET ADDRESS STREET ADDRESS 100 E. 9TH ST. 100 E 9TH ST TOPEKPA KS CITY-ST-ZIP CITY-ST-ZIP **TOPEKA KS 66601** ☐ Addition Change ☐ Delete TITLE NAME ROGERS, RICHARD NAME STREET ADDRESS STREET ADDRESS 100 E. 9TH ST. CITY-ST-ZIP CITY-ST-ZIP TOPEKA KS 66601 SECRETARY/TREASURER Change Addition ☐ Delete TITLE TITLE STD NAME NAME LOWELL D SCHMIDT BIRKHEAD, L K STREET ADDRESS STREET ADDRESS 1122 N MAIN 1122 N. MAIN CITY-ST-ZIP CITY-ST-ZIP MCPHERSON KS 67460 MCPHERSON KS 67460 Change Change ☐ Addition ☐ Delete TITLE TITLE DIRECTOR/CHAIRMAN OF BOARD NAME KETCHERSIDE, JAMES L NAME L KEITH BIRKHEAD STREET ADDRESS STREET ADDRESS 1122 N. MAIN 1122 N MAIN CITY-ST-ZIP CITY-ST-ZIP MCPHERSON KS 67460 MCPHERSON KS 67460 XX Change ☐ Addition Delete TITLE TITLE DIRECTOR JAMES L KETCHERSIDE NAME MITCHELL, WILLIAM L NAME STREET ADDRESS STREET ADDRESS 1122 N MAIN 119 W. SHERMAN CITY-ST-ZIP CITY-ST-ZIP MCPHERSON KS 67460 HUTCHINSON KS 67504 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME JENKINS, JOE F II STREET ADDRESS STREET ADDRESS **RR 3 BOX 60** CITY-ST-ZIP **TONGANOXIE KS 66086** 13. 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 report or supplemental 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered. SIGNATURE: X SQUEEL D. Addition LOWELL D. SC SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR LOWELL D SCHMIDT, SEC/TREAS (620) 241-2200