

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90211 024 ***300.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006299

1. Corporation Name

CENTRAL TRACTOR FARM & COUNTRY, INC.

Principal Place of Business

3915 DELAWARE AVE.
DES MOINES IA 50313

Mailing Address

3915 DELAWARE AVE.
DES MOINES IA 50313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

42-1425562

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current 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

85 Zip Code

FILE

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

(NONE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	MCKITRICK, JIM	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LONGNECKER, DEAN	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	STARR, DENNY	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PEARSON, JOHN	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENOS, DAVE	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STANTON, JEFF	
STREET ADDRESS	3915 DELAWARE AVE.	
CITY-STATE-ZIP	DES MOINES IA 50313	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denny Starr

3/19/99

Date

515-266-301

Daytime Phone #

CR2E034 (1/98)