

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G60022** (2)

1. Corporation Name

KNAPP REALTY COMPANY

Principal Place of Business

**5000 WESTON PKWY
100
WEST DES MOINES IA 50266
US**

Mailing Address

**5000 WESTON PKWY
100
WEST DES MOINES IA 50266
US**

2. Principal Place of Business

2a. Mailing Address

21 5000 WESTOWN PARKWAY
Suite, Apt. #, etc.

26 5000 WESTOWN PARKWAY
Suite, Apt. #, etc.

22 SUITE 100
City & State

27 SUITE 100
City & State

23
Zip Country

28
Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

**HARDT, FREDERICK R.
801 LAUREL OAK DRIVE
SUITE 705, SUN BANK BLDG.
NAPLES FL 33963**

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

2001 Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE
NAME **KNAPP, PAUL R.**
STREET ADDRESS **3501 WESTOWN PKWY**
CITY-ST-ZIP **W DES MOINES IA**

TITLE **SD** ☐ DELETE
NAME **KNAPP, WILLIAM C, II**
STREET ADDRESS **6000 WESTOWN PKWY - STE 200W**
CITY-ST-ZIP **W DES MOINES IA**

TITLE **S** ☐ DELETE
NAME **HARDT, FREDERICK R**
STREET ADDRESS **400 5TH AVE S**
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE
NAME **NEUMANN, DARYL**
STREET ADDRESS **5000 WESTON PKWY, SUITE 100**
CITY-ST-ZIP **WEST DES MOINES IA**

TITLE **PD** ☐ DELETE
NAME **KNAPP, WILLIAM C.**
STREET ADDRESS **5000 WESTON PKWY, SUITE 100**
CITY-ST-ZIP **WEST DES MOINES IA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 **TITLE** ☒ Change ☐ Addition

12 **NAME**

13 **STREET ADDRESS**

14 **CITY-ST-ZIP**

2 **TITLE** ☒ Change ☐ Addition

22 **NAME**

23 **STREET ADDRESS**

24 **CITY-ST-ZIP**

3 **TITLE** ☐ Change ☐ Addition

32 **NAME**

33 **STREET ADDRESS**

34 **CITY-ST-ZIP**

4 **TITLE** ☒ Change ☐ Addition

42 **NAME**

43 **STREET ADDRESS**

44 **CITY-ST-ZIP**

5 **TITLE** ☒ Change ☐ Addition

52 **NAME**

53 **STREET ADDRESS**

54 **CITY-ST-ZIP**

6 **TITLE** ☐ Change ☐ Addition

62 **NAME**

63 **STREET ADDRESS**

64 **CITY-ST-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

WILLIAM C. KNAPP, SECRETARY

Date:

Daytime Phone #

3-27-96 (515) 223-4000

CR2E034 (12/95)