FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:02

DOCUMENT # P09360 (9)

1. Corporation Name
PETCOR N.A. CORP.

Principal Place of Business	Mailing Address
104 BLACK HAWK ST. REINBECK IA 50669	104 BLACK HAWK ST. REINBECK IA 50669

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/10/1986	3a. Date of Last Report: 01/25/1994
4. FEI Number: 42-1034730	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FISHER, LEIGH
4000 DEL PRADO BLVD
1505 SE 40 STREET
CAPE CORAL FL 33904

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (*) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	PETERSON, CORDELL Q.	1.2 NAME	CORDELL Q PETERSON	
STREET ADDRESS	123 SW 47TH ST #1018	1.3 STREET ADDRESS	4019 SE 20TH PL #603	
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VSD	2.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, GALE M. JR.	2.2 NAME		
STREET ADDRESS	302 BLACKHAWK ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	HOEPPNER, ELDON R.	3.2 NAME		
STREET ADDRESS	611 PINE ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE		☐ Change ☐ Addition
NAME	PETERSEN, JAMES I	4.2 NAME		
STREET ADDRESS	151 EASTGATE DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	REINBECK IA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: Cordell Q. Peterson President 01/10/95 (319)345-2713
SIGNATURE AND TYPED OR PRINTED NAME OF MOHING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0400001 FN