

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30572 (2)

1. Corporation Name

MID-LANDS CHEMICAL CO., INC.



Principal Place of Business

1051 SOUTH 23 ST.
OMAHA NE 68108-3017

Mailing Address

1051 SOUTH 23 ST.
OMAHA NE 68108-3017

3. Date Incorporated or Qualified

08/15/1990

3a. Date of Last Report

03/28/1995

2. Principal Place of Business

21 6929 N. 16 ST
Suite, Apt. #, etc.

2a. Mailing Address

26 6929 N. 16 ST.
Suite, Apt. #, etc.

4. FEI Number

47-0559498

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

23 Omaha Nebraska
24 68112-3456 USA

28 Omaha, Nebraska
29 68112-3456 30

9. Name and Address of Current Registered Agent

PERRY & SCHONE, P.A.
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

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, type or print name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME DEGOLER, LINDA L
STREET ADDRESS 6920 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

TITLE VTD
NAME DEGOLER, WARREN H.
STREET ADDRESS 6920 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

TITLE D
NAME DEGOLER, BROOKE L.
STREET ADDRESS 42 GINGER COVE
CITY-ST-ZIP VALLEY NE ☐ DELETE

TITLE D
NAME DEGOLER, SCOTT H.
STREET ADDRESS 6928 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda L Degoler Linda L Degoler 1-24-96 9975

CR2E034 (12/95)