

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 4: 28

DOCUMENT # **P30961** (7)

1. Corporation Name

MET FARM AND RANCH PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8717 WEST 110TH STREET SUITE 700 OVERLAND PARK KS 66210-2101	8717 WEST 110TH STREET SUITE 700 OVERLAND PARK KS 66210-2101

3. Date incorporated or Qualified 08/14/1990	3a. Date of Last Report 02/08/1994
4. FEI Number 48-1044847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, DARRELL J.
STREET ADDRESS	8717 WEST 110TH ST., #700
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	ST
NAME	SEGER, DANIEL J.
STREET ADDRESS	8717 WEST 110TH ST., #700
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	CD
NAME	RASMUSSEN, LEO T.
STREET ADDRESS	8717 WEST 110TH ST., #700
CITY - ST - ZIP	OVERLAND PARK KS
TITLE	D
NAME	DIGNEY, JAMES B.
STREET ADDRESS	ONE MADISON AVE
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	HAHN, RICHARD C.
STREET ADDRESS	11518 NICHOLAS STREET
CITY - ST - ZIP	OMAHA NE
TITLE	D
NAME	HOENG, GERALD J.
STREET ADDRESS	303 PERIMETER CENTR NORTH, SUITE 600
CITY - ST - ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Steven D. Craig
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. 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 110.07(3)(b), 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: Steven D. Craig March 27, 1995 913/661-2240
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date (Month/Year)

Steven D. Craig, Secy. & Treas.