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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 MAR 13 PM 12:05

DOCUMENT # V60024 (9)

1. Corporation Name
POCAHONTAS CORPORATION

Principal Place of Business	Mailing Address
4019 20TH PLACE SE #900 CAPE CORAL FL 33904 US	BOX A REINBECK IO 50669 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1992	3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0358134	☐ 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
7. 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: Reinbeck IA
Zip 24 / Country 25	Zip 29: 50669- / Country 30

8. Name and Address of Current Registered Agent 0155

FISHER, LEIGH M.
1505 SE 40TH STREET
SUITE B
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name: THOMAS H GUNDERSON
82 Street Address (P.O. Box Number is Not Acceptable): 1715 MONROE ST
83
84 City: FT MYERS FL 85 Zip Code: 33901

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: Thomas H Gunderson — Thomas H. Gunderson — 3/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	PETERSON, CORDELL	1.2 NAME	
STREET ADDRESS	104 BLACKHAWK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	REINBECK IA	1.4 CITY-ST-ZIP	REINBECK IA 50669-0155
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	PETERSON, GALE M. JR.	2.2 NAME	MANATT, GERALD J
STREET ADDRESS	104 BLACKHAWK ST.	2.3 STREET ADDRESS	PO BOX 535
CITY-ST-ZIP	REINBECK IA	2.4 CITY-ST-ZIP	BROOKLYN IA 52211-0535
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	PETERSEN, JIM	3.2 NAME	PETERSEN, JAMES I
STREET ADDRESS	104 BLACKHAWK ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	REINBECK IO	3.4 CITY-ST-ZIP	Reinbeck IA 50669-0155
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	O'HARA, NAN	4.2 NAME	PETERSEN, JAMES I
STREET ADDRESS	4637 VINCENNES BLVD.#6	4.3 STREET ADDRESS	104 BLACKHAWK ST
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	REINBECK IA 50669-0155
TITLE		5.1 TITLE	ASST S ☐ Change ☒ Addition
NAME		5.2 NAME	HAUGEN, HERMAN
STREET ADDRESS		5.3 STREET ADDRESS	760 SEXTANT DR #642
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SANIBEL FL 33957
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Peterson Gale M JR
STREET ADDRESS		6.3 STREET ADDRESS	104 Black Hawk St
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Reinbeck IA 50669

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 above, 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 SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480000 FN