

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 # **V60024** (9)

1. Corporation Name

POCAHONTAS CORPORATION



Principal Place of Business

4019 20TH PLACE SE
#603
CAPE CORAL FL 33904
US

Mailing Address

REINBECK, IA
REINBECK IO 50669
US

3. Date Incorporated or Qualified
08/21/1992

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 50669 US

26 PO BOX A
27 Suite, Apt. #, etc.
28 REINBECK IA
29 50669 US

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUNDERSON, THOMAS H
1715 MONROE STREET
SUITE B
FY MYERS FL 33901

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)

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PETERSON, CORDELL
STREET ADDRESS 104 BLACKHAWK ST.
CITY-ST-ZIP REINBECK IA
TITLE VD ☐ DELETE
NAME MANATT, GERALD J
STREET ADDRESS P O BOX 535
CITY-ST-ZIP BROOKLYN IA
TITLE TD ☐ DELETE
NAME PETERSEN, JAMES I
STREET ADDRESS 104 BLACKHAWK ST
CITY-ST-ZIP REINBECK IA
TITLE SD ☐ DELETE
NAME PETERSEN, JAMES I
STREET ADDRESS 104 BLACKHAWK STREET
CITY-ST-ZIP REINBECK IA
TITLE AS ☐ DELETE
NAME HAUGEN, HERMAN
STREET ADDRESS 760 SEXTANT DRIVE, #642
CITY-ST-ZIP SANIBEL FL
TITLE D ☐ DELETE
NAME PETERSON, GALE M JR
STREET ADDRESS 104 BLACK HAWK STREET
CITY-ST-ZIP REINBECK IA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: *CordeLL Q. Peterson* CordeLL Q. Peterson, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)