

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90127 034 ***150.00

DOCUMENT # V60024

1. Corporation Name

POCAHONTAS CORPORATION

Principal Place of Business

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

Mailing Address

P.O. BOX A
REINBECK IA 50669
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/21/1992

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ 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

25

29

30

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 signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME PD
STREET ADDRESS PETERSON, CORDELL
CITY-ST-ZIP 104 BLACKHAWK ST.
REINBECK IA

13. TITLE ☐ DELETE

NAME VD
STREET ADDRESS MANATT, GERALD J
CITY-ST-ZIP P O BOX 535
BROOKLYN IA

14. TITLE ☐ DELETE

NAME TD
STREET ADDRESS PETERSEN, JAMES I
CITY-ST-ZIP 104 BLACKHAWK ST
REINBECK IA

15. TITLE ☒ DELETE

NAME SD
STREET ADDRESS PETERSEN, JAMES I
CITY-ST-ZIP 104 BLACKHAWK STREET
REINBECK IA

16. TITLE ☐ DELETE

NAME AS
STREET ADDRESS HAUGEN, HERMAN
CITY-ST-ZIP 760 SEXTANT DRIVE, #642
SANIBEL FL

17. TITLE ☐ DELETE

NAME D
STREET ADDRESS PETERSON, GALE M JR
CITY-ST-ZIP 104 BLACK HAWK STREET
REINBECK IA

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)