

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT 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 JUN 14 11 01 AM '95

DOCUMENT # 822810 (8)

1. Corporation Name
A.M. DAVIS MERCANTILE CO.

Principal Place of Business Mailing Address
**640 SOUTH 10TH STREET 640 SOUTH 10TH STREET
P.O. BOX 82226 P.O. BOX 82226
LINCOLN NE 68501-9226 LINCOLN NE 68501-9226**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/16/1969		3a. Date of Last Report 02/28/1994	
4. FEI Number 47-0408723		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent
**BERENS, PHYLLIS
200 WEST CAMINO REAL
BOCA RATON FL 33432**

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 (typed or printed name of registered agent and title if applicable) _____ (8-11) Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	MCARTHUR/ROCKER, BONNIE S.	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	640 SOUTH 10TH STREET	12 NAME	
STREET ADDRESS	LINCOLN NE	13 STREET ADDRESS	
CITY ST ZIP		14 CITY ST ZIP	
TITLE VD	WILLIAMS, THOMAS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	640 SOUTH 10TH STREET	22 NAME	
STREET ADDRESS	LINCOLN NE	23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE STD	BEYNON, ESTHER L.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	640 SOUTH 10TH STREET	32 NAME	
STREET ADDRESS	LINCOLN NE	33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	President
STREET ADDRESS		43 STREET ADDRESS	Beynon, David J.
CITY ST ZIP		44 CITY ST ZIP	640 South 10th Street
TITLE		51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Vice-President
STREET ADDRESS		53 STREET ADDRESS	Darnell, R. William
CITY ST ZIP		54 CITY ST ZIP	640 South 10th Street
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 in an attachment with an address.

SIGNATURE *David J. Beynon* **David J. Beynon, President** **6/6/95** **402-476-2100**
Signature and Title of Officer or Director (Date) (Captain/Phone #)

CR2E034 (3/95)