

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

FILED

**Jan 23 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 822810 (8)
1. Corporation Name
A.M. DAVIS MERCANTILE CO.



Principal Place of Business 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN NE 68501-9226	Mailing Address 640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN NE 68501-9226
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1969	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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. Zip	29. Zip
25. Country	30. Country

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	85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCARTHUR/ROCKER, BONNIE S	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, THOMAS	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BEYNON, ESTHER L	
STREET ADDRESS	640 SOUTH 10TH STREET	
CITY-ST-ZIP	LINCOLN NE	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BEYNON, DAVID J	
STREET ADDRESS	640 S 10TH ST	
CITY-ST-ZIP	LINCOLN NE	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DARNELL, WILLIAM R	
STREET ADDRESS	640 S 10TH ST	
CITY-ST-ZIP	LINCOLN NE	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROCKER, BONNIE S
1.3 STREET ADDRESS	640 SOUTH 10TH STREET
1.4 CITY-ST-ZIP	LINCOLN NE
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DARNELL, WILLIAM R
5.3 STREET ADDRESS	640 SOUTH 10TH STREET
5.4 CITY-ST-ZIP	LINCOLN NE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: By: A.M. Davis, Mercantile Co. President January 16, 1998 402-476-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0524388

CR2E034 (10/97)