

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843400** (3)

1. Corporation Name
TODD & SARGENT, INC.



Principal Place of Business: **620 ARRASMITH TRAIL AMES IA 50010 US**
Mailing Address: **620 ARRASMITH TRAIL AMES IA 50010 US**

3. Date Incorporated or Qualified: **06/08/1979**
3a. Date of Last Report: **03/21/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **42-0002004 42-1432171**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SPRINGER, DONALD
562 PINE GROVE LANE
NAPLES FL 33940**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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: *Tom Larson* (Signature) *Transition* (Typed Name) **3/15/96** (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SARGENT, WARREN B	
STREET ADDRESS	1101 MURRAY DR	
CITY-ST-ZIP	AMES, IOWA 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SARGENT, PHILIP B	
STREET ADDRESS	2030 CESSNA	
CITY-ST-ZIP	AMES, IOWA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARGENT, LEE M	
STREET ADDRESS	1932 BUCHANAN	
CITY-ST-ZIP	AMES IA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LARSEN, THOMAS S	
STREET ADDRESS	306 PEASLEY	
CITY-ST-ZIP	OSKALOOSA IA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Tom Larson* (Signature) **3/15/96** (Date) **515-232-0442** (Telephone #)

CR2E034 (12/95)