

**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 # **P18323** (6)  
1. Corporation Name  
**FARMERS NATIONAL COMPANY**



Principal Place of Business: **11516 NICHOLAS ST. OMAHA NE 68154**  
Mailing Address: **11516 NICHOLAS ST. OMAHA NE 68154**

3. Date incorporated or Qualified: **03/07/1988**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **47-0157270**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

**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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature of person printed name of registered agent and the registered agent) (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | <b>PD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>HAHN, RICHARD C.</b>    |                                 |
| STREET ADDRESS | <b>11516 NICHOLAS ST.</b>  |                                 |
| CITY-STATE-ZIP | <b>OMAHA NE</b>            |                                 |
| TITLE          | <b>DC</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>RASMUSSEN, LEO T.</b>   |                                 |
| STREET ADDRESS | <b>8717 W 110TH ST</b>     |                                 |
| CITY-STATE-ZIP | <b>OVERLAND PARK KS</b>    |                                 |
| TITLE          | <b>VD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>GLOCK, DEAN, A</b>      |                                 |
| STREET ADDRESS | <b>610 S 157 CIRCLE</b>    |                                 |
| CITY-STATE-ZIP | <b>OMAHA NE</b>            |                                 |
| TITLE          | <b>S</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>ABELL, WILLIAM F</b>    |                                 |
| STREET ADDRESS | <b>6133 S 102ND ST</b>     |                                 |
| CITY-STATE-ZIP | <b>OMAHA NE</b>            |                                 |
| TITLE          | <b>T</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>KNUTSON, DAVID, L</b>   |                                 |
| STREET ADDRESS | <b>2043 N 55TH ST</b>      |                                 |
| CITY-STATE-ZIP | <b>OMAHA NE</b>            |                                 |
| TITLE          | <b>D</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>HOENIG, GERALD</b>      |                                 |
| STREET ADDRESS | <b>2001 SPRING RD #400</b> |                                 |
| CITY-STATE-ZIP | <b>OAK BROOK IL</b>        |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 11. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME           |   |
| 13. STREET ADDRESS |   |
| 14. CITY-STATE-ZIP |   |
| 21. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME           |   |
| 23. STREET ADDRESS |   |
| 24. CITY-STATE-ZIP |   |
| 31. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME           |   |
| 33. STREET ADDRESS |   |
| 34. CITY-STATE-ZIP |   |
| 41. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME           |   |
| 43. STREET ADDRESS |   |
| 44. CITY-STATE-ZIP |   |
| 51. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME           |   |
| 53. STREET ADDRESS |   |
| 54. CITY-STATE-ZIP |   |
| 61. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME           |   |
| 63. STREET ADDRESS |   |
| 64. CITY-STATE-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: *David Knutson* 02/09/96 (402) 496-3276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Daytime Phone)

CR2E034 (12/95)