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FILED
Mar 25 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 # 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/07/1988

4. FEI Number 47-0157270	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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

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 checked="" type="checkbox"/> Addition
2.2 NAME	DC Smith, Darrell J.
2.3 STREET ADDRESS	8717 W 110th St.
2.4 CITY-ST-ZIP	Overland Park, KS
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D Kollar, Kenneth L.
6.3 STREET ADDRESS	8717 W 110th St.
6.4 CITY-ST-ZIP	Overland Park, KS 66210

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.

SIGNATURE: 

3/16/98

CR2E034 (10/97)