


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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90026 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18323

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	3. Date Incorporated or Qualified 03/07/1988	4. FEI Number 47-0157270	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 type="checkbox"/> DELETE
NAME	SMITH, DARRELL J.	
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 type="checkbox"/> DELETE
NAME	KOLLAR, KENNETH L.	
STREET ADDRESS	8717 W 110TH ST	
CITY-ST-ZIP	OVERLAND PARK KS 66210	

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 4/14/99 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2024 (1/1/98)