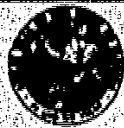


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 834578

(7)

1. Corporation Name

HAAS, WILKERSON, & WOHLBERG, INC.

**APPROVED
AND
FILED**

95 APR 19 PM 4:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**6675 13TH AVE. N.
SUITE 4
ST PETERSBURG FL 33710
US**

Mailing Address

**4300 SHAWNEE MISSION PKWY
SHAWNEE MISSION KS 66205-2526
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1975

3a. Date of Last Report

02/11/1994

4. FBI Number

44-0648448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 193.032,
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

**ALLAN, DANIEL R.
6675 13TH AVE. N SUITE 4
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

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

Signature, typed or printed name of registered agent and his or her applicable:

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**D
WILKERSON, W. RALPH
6200 W 66 ST
SHAWNEE MISSION KS**

TITLE
NAME

**D
COULSON, J. PHILIP
2221 DRIURY LANE
SHAWNEE MISSION KS**

TITLE
NAME

**D
ALLAN, DANIEL R.
7352 HUNT CLUB LANE
SEMINOLE FL**

TITLE
NAME

**D
WILKERSON, WILLIAM R. III
3810 WEST 66 ST
SHAWNEE MISSION KS**

TITLE
NAME

**D
GARRETT, DAVID
9116 W 112 ST.
OVERLAND PARK KS**

TITLE
NAME

**D
FORD, GERALD L.
24901 TIMBERLAKE TRAIL
GREENWOOD MO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

**TREASURER
CASTOR, L. MITCHELL
12760 GARNETT
OVERLAND PARK, KS 66213**

1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

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 registered agent or licensee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #