FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 APR 19 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834578 **(7)**

1. Corporation Name
HAAS, WILKERSON, & WOHLBERG, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
6675 13TH AVE. N. SUITE 4 ST PETERSBURG FL 33710 US	4300 SHAWNEE MISSION PKWY SHAWNEE MISSION KS 66205-2526 US

3. Date Incorporated or Qualified: 06/26/1975
3a. Date of Last Report: 02/11/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 44-0648448	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALLAN, DANIEL R. 6675 13TH AVE. N SUITE 4 ST. PETERSBURG FL 33710	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	1.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	~~WILKERSON, W. RALPH~~	1.2 NAME	CASTOR, C'MITCHELL	
STREET ADDRESS	~~6200 W 66 ST~~	1.3 STREET ADDRESS	12760 GARNETT	
CITY-ST-ZIP	~~SHAWNEE MISSION KS~~	1.4 CITY-ST-ZIP	OVERLAND PARK, KS 66213	
TITLE	D	2.1 TITLE		☐ Change ☒ Addition
NAME	COULSON, J. PHILIP	2.2 NAME		
STREET ADDRESS	2221 DRURY LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS 66205	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☒ Addition
NAME	ALLAN, DANIEL R.	3.2 NAME		
STREET ADDRESS	7352 HUNT CLUB LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33710	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☒ Addition
NAME	WILKERSON, WILLIAM R.III	4.2 NAME		
STREET ADDRESS	3810 WEST 66 ST	4.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS 66205	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☒ Addition
NAME	GARRETT, DAVID	5.2 NAME		
STREET ADDRESS	9116 W 112 ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66210	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☒ Addition
NAME	FORD, GERALD L.	6.2 NAME		
STREET ADDRESS	24901 TIMBERLAKE TRAIL	6.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD MO	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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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