

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006152 (2)**

1. Corporation Name

**GECO CONCRETE CONSTRUCTION CORP.**



Principal Place of Business

Mailing Address

2900 BROOKTREE LANE  
GLADSTONE MO 64119

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GLADSTONE MO 64119

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 PINE ISLAND RD  
PLANTATION FL 33324

3. Date Incorporated or Qualified  
**12/01/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**36-3988887**

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

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 of the officer or director of the corporation

Signature of the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HEISLEY, M.E.	
STREET ADDRESS	5600 FIRST NATIONAL PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	MEADOWS, S.H.	
STREET ADDRESS	227 W. MONROE ST	
CITY- ST- ZIP	CHICAGO IL 60806	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GIES, L.W.	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY- ST- ZIP	LISLE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, D.	
STREET ADDRESS	4225 NAPERVILLE RD	
CITY- ST- ZIP	LISLE IL 60532	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CISCK, DONALD J.	
STREET ADDRESS	5701 COVEVIEW COURT	
CITY- ST- ZIP	PARKVILLE MO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUSTER, RONALD W.	
STREET ADDRESS	2321 UNIVERSITY COURT	
CITY- ST- ZIP	NAPERVILLE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VICE PRESIDENT / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	George Weiss	
13 STREET ADDRESS	1420 Hazel Ave	
14 CITY- ST- ZIP	Deerfield, Illinois 60015	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY- ST- ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(b), 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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

816-459-7000

CR2E034 (12/95)