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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 10:35

DOCUMENT # **F94000006185 (2)**

1. Corporation Name
**HAAS AND WILKERSON, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4300 SHAWNEE MISSION PARKWAY<br>SHAWNEE MISSION KS 66205 | 4300 SHAWNEE MISSION PARKWAY<br>SHAWNEE MISSION KS 66205 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1994**
3a. Date of Last Report:

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / County<br>24 / 25 | Zip / County<br>29 / 30 |

4. FEI Number: **44-0641314** ☐ 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

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ALLAN, DAN<br>6675 13TH AVE., NORTH<br>SUITE 2D<br>ST. PETERSBURG FL 33710 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 name changed)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CEO | 11 TITLE | CEO, D | ☑ Change ☐ Addition |
| NAME | WILKERSON, WILLIAM R III | 12 NAME | | |
| STREET ADDRESS | 3810 W. 66TH ST. | 13 STREET ADDRESS | | |
| CITY ST ZIP | MISSION HILLS KS 66208 | 14 CITY ST ZIP | | |
| TITLE | PD | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | COULSON, J. PHILIP | 22 NAME | | |
| STREET ADDRESS | 2221 DRURY LN. | 23 STREET ADDRESS | | |
| CITY ST ZIP | MISSION HILLS KS 66208 | 24 CITY ST ZIP | | |
| TITLE | S | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | DUNN, FREDERICK P | 32 NAME | | |
| STREET ADDRESS | 9401 MANOR RD. | 33 STREET ADDRESS | | |
| CITY ST ZIP | LEAWOOD KS 66206 | 34 CITY ST ZIP | | |
| TITLE | T | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | CASTOR, L'MITCHELL | 42 NAME | | |
| STREET ADDRESS | 12760 GARNETT | 43 STREET ADDRESS | | |
| CITY ST ZIP | OVERLAND PARK KS 66213 | 44 CITY ST ZIP | | |
| TITLE | D | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | ALLAN, DANIEL R | 52 NAME | | |
| STREET ADDRESS | 7352 HUNT CLUB LN. | 53 STREET ADDRESS | | |
| CITY ST ZIP | SEMINOLE FL 33646 | 54 CITY ST ZIP | | |
| ~~TITLE~~ | ~~D~~ | 61 TITLE | D | ☒ Change ☐ Addition |
| ~~NAME~~ | ~~LUCAS, GEORGE A~~ | 62 NAME | ~~D MR ALLAN~~ D DELETE | |
| ~~STREET ADDRESS~~ | ~~7019 CHADWICK~~ | 63 STREET ADDRESS | | |
| ~~CITY ST ZIP~~ | ~~PRAIRIE VILLAGE KS 66208~~ | 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)(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:** P W Mitchell Lee D — 4/16/95 — 913-432-4400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — Date — Daytime Telephone #

0490892 FP