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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000006185 (2)**

1. Corporation Name

HAAS AND WILKERSON, INC.

Principal Place of Business	Mailing Address
4300 SHAWNEE MISSION PARKWAY SHAWNEE MISSION KS 66205	4300 SHAWNEE MISSION PARKWAY SHAWNEE MISSION KS 66205

3. Date Incorporated or Qualified: 12/05/1994	3a. Date of Last Report: 04/12/1995
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	

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

9. Name and Address of Current Registered Agent

ALLAN, DAN
6675 13TH AVE., NORTH
SUITE 2D
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 _____ DATE

Signature required from registered agent authorizing change of registered office or registered agent, or both. NOTE: Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		
TITLE	CEOD	☐ DELETE
NAME	WILKERSON, WILLIAM R III	
STREET ADDRESS	3810 W. 66TH ST.	
CITY-ST-ZIP	MISSION HILLS KS	
TITLE	PD	☐ DELETE
NAME	COULSON, J. PHILIP	
STREET ADDRESS	2221 DRURY LN.	
CITY-ST-ZIP	MISSION HILLS KS 66208	
TITLE	S	☐ DELETE
NAME	DUNN, FREDERICK P	
STREET ADDRESS	9401 MANOR RD.	
CITY-ST-ZIP	LEAWOOD KS 66206	
TITLE	T	☐ DELETE
NAME	CASTOR, L'MITCHELL	
STREET ADDRESS	12760 GARNETT	
CITY-ST-ZIP	OVERLAND PARK KS 66213	
TITLE	D	☐ DELETE
NAME	ALLAN, DANIEL R	
STREET ADDRESS	7352 HUNT CLUB LN.	
CITY-ST-ZIP	SEMINOLE FL 33646	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☐ Change ☐ Addition
2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP		☐ Change ☐ Addition
5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 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: _____ 4/30/96 913-432-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #