## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F94000006185 (2)

HAAS AND WILKERSON, INC.

Mailing Address

4300 SHAWNEE MISSION PARKWAY

Principal Place of Business

4300 SHAWNEE MISSION PARKWAY

## **FILED** Mar 30 1998 8:00am Secretary of State



SHAWNEE MISSION KS 86205			SHA	SHAWNEE MISSION KS 66205					DO NOT WRIT	E IN THIS	SPACE		
								3.	Date Incorporated or Qualified		DI NOL		
								"	12/05/1994				
2. Principal Place of Business				2a. Mailing Address				4.	4. FEI Number			pplied For	
21				26					44-0641314		N	ot Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6	Certificate of Status Desired			Additional	
22				27					·			beriupe	
City & State				City & State					Election Campaign Financing	П		May Be to Fees	
Zip Country			28	Zip Country					Trust Fund Contribution				
24	25	l	29 30			8. This corporation owes or has paid the current year Personal Property Tax due June 30.						x k No	
9. Name and Address of Current I								10. Name and Address of New Registered Agent					
ALI	AN, DAN				8	11	Name						
6875 13TH AVE., NORTH				La Caracteria de la Car			12 Street Address (P.O. Box Number is Not Acceptable)						
SUITE 2D									o. Dox Hamber to Her Heespie				
ST. PETERSBURG FL 33710					8	83							
					8	14	City				<b>85</b> Zip	Code	
							•			FL			
11. Pursuant office or r agent. La	to the provision egistered ageni m familiar with,	s of Sections 607.050 t, or both, in the State and accept the oblig	2 and 607 of Florida ations of, S	.1508, Florida Statu Such change was Section 607.0505, F	ites, the abo authorized forida Statut	by les	named of the corpo	corporation oration's b	n submits this statement for the oard of directors. I hereby according	purpose of ept the app	f changing pointment as	its registered s registered	
SIGNATURE													
	Signature, typod or p	vinted name of registered ag			TE: Registered A	/Ger	nt signature re			DATE OF DC AND	DIDECTO	DC IN 10	
12. TITLE	CEOD	OFFICERS AN	D DIRECTO	DELETE	<b>13.</b> 1,1 TITU	t t	T		DDITIONS/CHANGES TO OFF		Change	Addition	
NAME		N, WILLIAM R III			1.2 NAM				/COB/D		()		
STREET ADDRESS 3810 W. 66TH ST.					1.3 STREET ADDRESS				Wilkerson, William R. III 3810 West 66th STreet				
CITY-ST-ZIP	MISSION H				1.4 CITY		1		sion Hills. KS 66208				
TITLE	PD		·· · · · · · · · · · · · · · · · · · ·	DELETE	2.1 TITL		1-511	M15:	2101 H1112+ V2 60509		Change	☐ Addition	
NAME	COULSON	, J. PHILIP		_	2.2 NAM	ΙE						j	
STREET ADDRESS 2221 DRURY LN.				2.3 S <sup>1</sup>			.3 STREET ADDRESS			•		1	
CITY-ST-ZIP MISSION HILLS KS 66208				2.40			. 4 CITY-ST-ZIP						
TITLE	8			DELETE	3.1 TITU	E		S/D		X	Change	Addition	
NAME	DUNN, FR	EDERICK P			3.2 NAM	1E		Duni	n. Frederick P.				
STREET ADDRESS 9401 MANOR RD.				3.3 \$			3.3 STREET ADDRESS		1 Manor Road				
CITY-ST-ZIP	LEAWOOD	KS 66206			3.4. CIT	Y-S	IT-ZIP	Lea	wood, KS 66206				
TITLE	TD			DELETE	4.1 TITU	E		T/D		,	Change	Addition	
NAME		MITCHELL			4. 2 NA	Æ		Cas	tor, L'Mitchell				
STREET ADDRESS	12760 GAF				4.3 STRI	EET.	ADDRESS	127	60 Garnett				
CITY-ST-ZIP	OVERLAND	PARK KS			4.4 CITY	_	T-ZIP	Ove:	rland Park, KS 66210		Lilohaan	B d distan	
TITLE	D D	AUCL O		☐ DELETE	5.1 TITL		- 1	D/V			Change	Addition	
NAME	ALLAN, DA				5.2 NAM			A11	an, Daniel R.				
STREET ADDRESS		T CLUB LN.					ADDRESS	735	2 Hunt Club Lane				
CITY-ST-ZIP	SEMINOLE	FL 33090		DOLETC	5.4 CITY		T-ZIP	Sem	1nole, FL 33646		☐ Change	Addition	
TITLE				DELETE	6.1 TITL						- Cuange	L. MOURIUM	
NAME					6.2 NAV								
STREET ADDRESS					1		ADDRESS						
CITY-ST-ZIP				-	6.4 CITY	'- SI	T-ZIP			1.6 1)	10°F - 41 1-41-	. 1.4	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio 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 chapted, or on an attachment with an address.