

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

FILED
Jul 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006223 (9)

1. Corporation Name
OVERLAND CONTRACTING INC.



Principal Place of Business P.O. BOX 8405, LEGAL DEPT. A2 KANSAS CITY MO 64114	Mailing Address P.O. BOX 8405, LEGAL DEPT. A2 KANSAS CITY MO 64114
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/27/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number APPLIED FOR 48-1192113	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 8400 Ward Parkway Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 8405 Suite, Apt. #, etc.
City & State 23 Kansas City, MO	City & State 27 Tax Dept - Plc Kansas City, MO
Zip 24 64114	Country 25 USA
Zip 28 64114	Country 30 USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	MILLER, R C	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SLOAN, K S	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIFFITHS, T L	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WOODWARD, KIRK	
STREET ADDRESS	11401 LAMAR	
CITY-ST-ZIP	OVERLAND PARK KS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RC Miller	
1.3 STREET ADDRESS	11401 Lamar	
1.4 CITY-ST-ZIP	Overland Park, KS 66211	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	400002587704	
4.3 STREET ADDRESS	-07/14/98--01019--009	
4.4 CITY-ST-ZIP	***150.00	
5.1 TITLE	Assistant S / Assistant T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Wayne F. Hall	
5.3 STREET ADDRESS	11401 Lamar	
5.4 CITY-ST-ZIP	Overland Park, KS 66211	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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 _____ Asst. Secretary: 11-20-98

CR2E034 (10/97)

7-13
 [Signature]