

**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 # 810031 (5)**  
1. Corporation Name  
**MASSMAN CONSTRUCTION CO**



Principal Place of Business: **8901 STATE LINE P.O. BOX 8458 KANAS CITY MISSOURI 64114**  
Mailing Address: **8901 STATE LINE P.O. BOX 8458 KANAS CITY MISSOURI 64114**

3. Date Incorporated or Qualified: **10/08/1954** 3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **44-0341360** 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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
STE. 105  
TALLAHASSEE FL 32301**

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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>MASSMAN, H.J. IV</b>	
STREET ADDRESS	<b>8901 STATE LINE</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 0 64114</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>SCHNOEBELEN, P.C.</b>	
STREET ADDRESS	<b>8901 STATE LINE</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 0 64114</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>MARTIN, H.W.</b>	
STREET ADDRESS	<b>8901 STATE LINE</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 0 64114</b>	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	<b>JACOBSON, F.K.</b>	
STREET ADDRESS	<b>8901 STATE LINE</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 0 64114</b>	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>KOPP, J.T.</b>	
STREET ADDRESS	<b>8901 STATE LINE</b>	
CITY-ST-ZIP	<b>KANSAS CITY, MO 0 64114</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
52 NAME	<b>SECRETARY H.W. MARTIN</b>
53 STREET ADDRESS	<b>8901 STATE LINE</b>
54 CITY-ST-ZIP	<b>KANSAS CITY Mo. 64114</b>
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)(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 or 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: *H. W. Martin* 4-30-96 816 523 1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)