

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

FILED
Apr 28 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 # 810031 (5)

1. Corporation Name
MASSMAN CONSTRUCTION CO



Principal Place of Business 8901 STATE LINE P.O. BOX 8458 KANSAS CITY MO 64114	Mailing Address 8901 STATE LINE P.O. BOX 8458 KANSAS CITY MO 64114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1954	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 44-0341360	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CORPORATION SERVICE COMPANY
1201 HAYES STREET
STE. 105
TALLAHASSEE FL 32301

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MASSMAN, H.J. IV	
STREET ADDRESS	8901 STATE LINE	
CITY-ST-ZIP	KANSAS CITY, MO 0 64114	
TITLE	VD	<input type="checkbox"/>
NAME	SCHNOEBELEN, M H	
STREET ADDRESS	8901 STATE LINE	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	VDST	<input type="checkbox"/>
NAME	KOPP, J T	
STREET ADDRESS	8901 STATE LINE	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	VPD	<input type="checkbox"/>
NAME	JACOBSON, F.K.	
STREET ADDRESS	8901 STATE LINE	
CITY-ST-ZIP	KANSAS CITY, MO 0 64114	
TITLE	D	<input type="checkbox"/>
NAME	SCHNOEBELEN, P C	
STREET ADDRESS	8901 STATE LINE	
CITY-ST-ZIP	KANSAS CITY, MO 0 64114	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *J. T. Kopp* **J. T. Kopp / Vice President** 4/16/98 78167 523 - 1000

CR2E034 (10/97)