

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 # 845457

(1)

1. Corporation Name
BUCON, INC.



Principal Place of Business

Mailing Address

BMA TOWER, PENN VALLEY PARK
P.O. BOX 419917
KANSAS CITY MO 64141-7917

BMA TOWER, PENN VALLEY PARK
P.O. BOX 419917
KANSAS CITY MO 64141-7917

3. Date Incorporated or Qualified
03/11/1980

3a. Date of Last Report
05/01/1995

4. FLE Number
43-0949971

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of officer, director, or shareholder

Signature typed or printed name of officer, director, or shareholder

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS PRATT, DONALD H
CITY-STATE-ZIP 433 WARD PARKWAY
KANSAS CITY MO

TITLE ☐ DELETE
NAME T
STREET ADDRESS HOLLAND, JOHN J.
CITY-STATE-ZIP 11700 W. 101ST TERRACE
OVERLAND PARK KS

TITLE ☐ DELETE
NAME V
STREET ADDRESS HOLLAND, JOHN J.
CITY-STATE-ZIP 11700 W. 101ST TERRACE
OVERLAND PARK KS

TITLE ☐ DELETE
NAME AS
STREET ADDRESS HUEY, JOHN W
CITY-STATE-ZIP 10905 W. 175TH TERRACE
OLATHE, KS 6

TITLE ☐ DELETE
NAME SD
STREET ADDRESS BALLENTINE, RICHARD O
CITY-STATE-ZIP 6101 REINHARDT DRIVE
SHAWNEE MISSION, KS6

TITLE ☐ DELETE
NAME P
STREET ADDRESS JOHNSMEYER, WILLIAM L.
CITY-STATE-ZIP 13824 HEMLOCK
OVERLAND PARK KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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 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 any instrument with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Holland, Treasurer 4/8/96 (816) 968-3255

CR2E034 (12/95)