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Secretary of State
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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845457** (1)

1. Corporation Name
BUCON, INC.

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
BMA TOWER, PENN VALLEY PARK P.O. BOX 419917 KANSAS CITY MO 64141-0917 US	BMA TOWER, PENN VALLEY PARK P.O. BOX 419917 KANSAS CITY MO 64141-0917 US

3. Date Incorporated or Qualified: 03/11/1980

4. FEI 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 6601 Executive Drive
22 Suite, Apt. #, etc.
23 City & State: Kansas City, MO
24 Zip: 64120 25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PRATT, DONALD		1.2 NAME		
STREET ADDRESS	433 WARD PARKWAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64112		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HOLLAND, JOHN J		2.2 NAME		
STREET ADDRESS	11700 W. 101ST TERRACE		2.3 STREET ADDRESS	26602 W. Greentree Ct.	
CITY-ST-ZIP	OVERLAND PARK KS 66214		2.4 CITY-ST-ZIP	Olathe, KS 66061	
TITLE	V	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HOLLAND, JOHN J		3.2 NAME		
STREET ADDRESS	11700 W. 101ST TERRAC4E		3.3 STREET ADDRESS	26602 W. Greentree Ct.	
CITY-ST-ZIP	OVERLAND PARK KS 66214		3.4 CITY-ST-ZIP	Olathe, KS 66061	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUEY, JOHN W		4.2 NAME		
STREET ADDRESS	10905 W. 175TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	OLATHE KS 66062		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BALLENTINE, RICHARD O		5.2 NAME		
STREET ADDRESS	6101 REINHARDT DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION KS 66205		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSMEYER, WILLIAM L		6.2 NAME		
STREET ADDRESS	13824 HEMLOCK		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK KS 66223		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: John Holland John Holland 4/27/99 816-968-3255