

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000002325 (5)**  
 1. Corporation Name  
**KANSAS KENYA CORPORATION**



Principal Place of Business <b>ROUTE 1, BOX 39 CEDAR POINT KS 66843</b>	Mailing Address <b>ROUTE 1, BOX 39 CEDAR POINT KS 66843</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/01/1997</b>	
21. <b>3410 Mill Road</b>	26. <b>3410 Mill Road</b>	4. FEI Number <b>48-0922224</b>		Applied For Not Applicable	
Suite, Apt. #, etc. 22. <b>Sheboygan WI</b>		Suite, Apt. #, etc. 27. <b>Sheboygan WI</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23. <b>53083 USA</b>		City & State 28. <b>53083 USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City <b>FL</b> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PC</b>	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EBERSOLE, JEFFERY J</b>		1.2 NAME				
STREET ADDRESS	<b>W4444 HIGHWAY 32</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>ELKHART LAKE WI 53020</b>		1.4 CITY-ST-ZIP				
TITLE	<b>VVC</b>	<input type="checkbox"/> DELETE	2.1 TITLE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HASKINS, PAUL R JR</b>		2.2 NAME				
STREET ADDRESS	<b>228 S GRANT</b>		2.3 STREET ADDRESS	<b>N 8598 HWY 42</b>			
CITY-ST-ZIP	<b>HOWARDS GROVE WI 53083</b>		2.4 CITY-ST-ZIP	<b>CLEVELAND, WI 53015</b>			
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, GARY D</b>		3.2 NAME				
STREET ADDRESS	<b>3624 S SCHOOL AVE</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>APPLETONE WI 54915</b>		3.4 CITY-ST-ZIP				
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLTSCLAW, BENNIE C</b>		4.2 NAME				
STREET ADDRESS	<b>ROUTE 1, BOX 39</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>CEDAR POINT KS 66843</b>		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 with an attachment with an address.

SIGNATURE  **JEFFERY J EBERSOLE** 01-27-98 920-452-5058

CR2E034 (10/97)