FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 12:05

DOCUMENT # P05426 (2)

1. Corporation Name
FRONTIER-KEMPER CONSTRUCTORS, INC.

Principal Place of Business	Mailing Address
1695 ALLEN ROAD P.O. BOX 6548 EVANSVILLE IN 47710-3372	1695 ALLEN ROAD P.O. BOX 6548 EVANSVILLE IN 47710-3372

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1985
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): P.O. Box 6548

Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)

City & State (23)
City & State (28): Evansville, IN

Zip (24) / Country (25)
Zip (29): 47719-0548 / Country (30)

4. FEI Number: 35-1545591 ☐ 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

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: (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	P/D ☒ Change ☐ Addition
NAME	HOWELL, DYKE	12 NAME	Denis P. McInerny
STREET ADDRESS	1695 ALLEN ROAD	13 STREET ADDRESS	1695 Allen Road
CITY-ST-ZIP	EVANSVILLE IN	14 CITY-ST-ZIP	Evansville, IN 47710
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, DANIEL	22 NAME	
STREET ADDRESS	1695 ALLEN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	STOSS, KLAUS	32 NAME	
STREET ADDRESS	1695 ALLEN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BARCHET, CARL	42 NAME	
STREET ADDRESS	1695 ALLEN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	POND, ROBERT A.	52 NAME	
STREET ADDRESS	1695 ALLEN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	CROWLEY, WAYNE D.	62 NAME	
STREET ADDRESS	1695 ALLEN ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	EVANSVILLE IN	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)(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 additional

SIGNATURE: D. Wayne Crowley, Treasurer 2/10/95 812-426-2741
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER ON DIRECTOR — Date — Daytime Phone #

D07004 FN