

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05426 (2)

1. Corporation Name

FRONTIER-KEMPER CONSTRUCTORS, INC.



Principal Place of Business

1695 ALLEN ROAD
P.O. BOX 6548
EVANSVILLE IN 47710-3372

Mailing Address

P.O. BOX 6548
EVANSVILLE IN 47719-0548
US

3. Date Incorporated or Qualified
03/26/1985

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

35-1545591

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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	<input type="checkbox"/> DELETE
NAME	MCNERNY, DENIS P	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCFADDEN, DANIEL	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOSS, KLAUS	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARCHET, CARL	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	POND, ROBERT A.	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CROWLEY, WAYNE D.	
STREET ADDRESS	1695 ALLEN ROAD	
CITY-STATE-ZIP	EVANSVILLE IN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE PRESIDENT
2.3 STREET ADDRESS	DAVID WANAHATALO
2.4 CITY-STATE-ZIP	1695 ALLEN ROAD
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SECRETARY/DIRECTOR
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 an attachment with an address.

SIGNATURE:

Wayne Crowley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

2/9/96

812-426-2741

Date

Daytime Phone

CR2E034 (12/95)