

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

FILED
Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 47710-0548 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1985	3a. Date of Last Report 02/20/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.		4. FEI Number 35-1545591	Applied For Not Applicable
22 City & State	27	28 City & State		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28	29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29	30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 PD	<input type="checkbox"/> DELETE	1.1 TITLE MCINERNY, DENNIS P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCINERNY, DENIS P		1.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		1.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		1.4 CITY - ST - ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE WANHATALO, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WANAHATALO, DAVID		2.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		2.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		2.4 CITY - ST - ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STOSS, KLAUS		3.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		3.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		3.4 CITY - ST - ZIP	
TITLE V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARCHET, CARL		4.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		4.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		4.4 CITY - ST - ZIP	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POND, ROBERT A.		5.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		5.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		5.4 CITY - ST - ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CROWLEY, WAYNE D.		6.2 NAME	
STREET ADDRESS 1695 ALLEN ROAD		6.3 STREET ADDRESS	
CITY - ST - ZIP EVANSVILLE IN		6.4 CITY - ST - ZIP	

14. I do 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: Wayne Crowley Treasurer 2/17/97 812-426-2741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **D. Wayne Crowley** Date Daytime Phone #