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May 17, 1999 8:00 am
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 # P05426 (2) ✓
 1. Corporation Name
 FRONTIER-KEMPER CONSTRUCTORS, INC.

Principal Place of Business: 1695 ALLEN ROAD, P.O. BOX 6548, EVANSVILLE IN 47719-0548
 Mailing Address: P.O. BOX 6548, EVANSVILLE IN 47719-0548, US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 35-1545591	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	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 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
				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	PD MCINERNY, DENNIS P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	1.2 NAME	McInerny, Denis P.
STREET ADDRESS	EVANSVILLE IN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP WANHATALO, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	2.2 NAME	
STREET ADDRESS	EVANSVILLE IN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D STOSS, KLAUS	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	3.2 NAME	D
STREET ADDRESS	EVANSVILLE IN	3.3 STREET ADDRESS	Gördes, Gerhard
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1695 Allen Road Evansville, IN 47710
TITLE	V BARCHET, CARL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	4.2 NAME	
STREET ADDRESS	EVANSVILLE IN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD POND, ROBERT A.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	5.2 NAME	
STREET ADDRESS	EVANSVILLE IN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T CROWLEY, WAYNE D.	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1695 ALLEN ROAD	6.2 NAME	T
STREET ADDRESS	EVANSVILLE IN	6.3 STREET ADDRESS	VEECH, STEPHEN L.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1695 ALLEN ROAD EVANSVILLE, IN 47710

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: S.L. Veech STEPHEN L. VEECH 4/28/99 (812) 426-2741
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OFFICER DATE DAYTIME PHONE # 0522773

CORPORATE SERVICES