

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90248 012 ***150.00

DOCUMENT # P05426

1. Entity Name
FRONTIER-KEMPER CONSTRUCTORS, INC.



Principal Place of Business

1695 ALLEN ROAD
P.O. BOX 6690
EVANSVILLE, IN 47710-3372

Mailing Address

PO BOX 6690
EVANSVILLE, IN 47719-0690 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1545591

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPCE
NAME	RIPPENTROP, GALYN G
STREET ADDRESS	1695 ALLEN ROAD
CITY - ST - ZIP	EVANSVILLE, IN
TITLE	DVP
NAME	RAAB, RICHARD
STREET ADDRESS	415 FIFTH AVENUE
CITY - ST - ZIP	PELHAM, NY 10803
TITLE	D
NAME	GORDES, GERHARD
STREET ADDRESS	1695 ALLEN ROAD
CITY - ST - ZIP	EVANSVILLE, IN 47710
TITLE	V
NAME	BARCHET, CARL
STREET ADDRESS	1695 ALLEN ROAD
CITY - ST - ZIP	EVANSVILLE, IN
TITLE	SD
NAME	POND, ROBERT A.
STREET ADDRESS	1695 ALLEN ROAD
CITY - ST - ZIP	EVANSVILLE, IN
TITLE	T
NAME	ROGSTAD, DAVID W MCGLOTHLEN, CHARLES T.
STREET ADDRESS	1695 ALLEN ROAD
CITY - ST - ZIP	EVANSVILLE, IN 47710

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-04 812-426-2741