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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # D12824 Secretary of State

FILED

Apr 16 1996 8:00 am

	Gibbens Engineeri	ina Inc							
	ice of Business	Mailing Address							
Suite		9201 E. 6 Suite 200		reet					
Raytown, MO 64133 Raytown, MO			MO 641	33		3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1986 6/8/1995			
	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·		4. FE! Number	1 0/0		Applied For	
Suite: Apt	# 610	26			43-1303814		<u> </u>	Not Appi cable	
22		Suile, Apt #, etc			5. Certificate of Status Desired			Additional	
City & Sta	te	City & State	······································		6 Floring Community			Required	
23		28			6. Election Campaign Financing Trust Fund Contribution	[7]		0 May Be d to Fees	
Zip 24	Country 25	Z(p 29	30 Co.	intry	8. This corporation has liability for Florida Statutes Yes	or intangible	tax under	s. 199 032,	
	9. Name and Address of Curren	nt Registered Agent			10. Name and Address of New F	Registered	Agent		
CT Cor	poration System		į	81 Name				***************************************	
1200 S	. Pine Island Road			82 Street A	Address (P.O. Box Number is Not Acceptable)				
Planta	tion, FL 33324			83				••••	
				03					
				84 City		<i>j</i> -,	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Sta	lules, the at	ove-named (corporation submits this statement for the	FL	<u> </u>		
agent i a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change wa tions of, Section 607,0505.	is authorized	by the corp	corporation submits this statement for the oration's board of directors. I hereby according to the control of the corporation	ept the app	r changing lointment as	its registered s registered	
SIGNATURE		The fire outlon out 10000.	i ionoa stati	ates.					
•									
10	Signature: typed or printed name of registered ager		OTE Requirered	l Agent signature r	required when reinstahing)	DATE			
12.	OFFICERS AND	DIRECTORS	13.		required when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTO	RS (N 12	
TITLE	OFFICERS AND	DIRECTORS DELETE			required when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS (N 12	
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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 apply officer or director of the convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Forida Statutes; and that my name appears in 1150k 12 or Block 13 of change govern an attachment with an address.

SIGNATURE