

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P12824 (9)
1. Corporation Name
GIBBENS ENGINEERING INC.



Principal Place of Business 9201 EAST 63RD ST SUITE 200 RAYTOWN MO 64133-4869	Mailing Address 9201 EAST 63RD ST SUITE 200 RAYTOWN MO 64133-4869
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9201 E 63rd St Suite, Apt. #, etc. 22 Suite 200 City & State 23 Raytown MO Zip 24 64133-4869		2a. Mailing Address 26 9201 E 63rd St Suite, Apt. #, etc. 27 Suite 200 City & State 28 Raytown MO Zip 29 64133-4869		3. Date Incorporated or Qualified 12/29/1986	
		4. FEI Number 43-1303814		Applied For Not Applicable	
		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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	
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GIBBENS, THOMAS E.	1.2 NAME	
STREET ADDRESS	9201 E. 63RD. ST. #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	RAYTOWN MO 64133	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	☐ Change ☐ Addition
NAME	DRAKE, ROBERT M.	2.2 NAME	
STREET ADDRESS	9201 E. 63RD ST. #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	RAYTOWN MO 64133	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, TIMOTHY L	3.2 NAME	
STREET ADDRESS	9201 E. 63RD STREET, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	RAYTOWN MO 64133	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 4/15/98 (811) 358-1790

CR2E034 (10/97)