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FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000002325 (5)

1. Corporation Name

KANSAS KENYA CORPORATION

Principal Place of Business

ROUTE 1, BOX 39
CEDAR POINT KS 66843

Mailing Address

ROUTE 1, BOX 39
CEDAR POINT KS 66843

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

48-0922224

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

2. Principal Place of Business

21 3410 Mill Road
Suite, Apt. #, etc.

22 Sheboygan WI
City & State

23 53083 USA
Zip Country

24

2a. Mailing Address

26 3410 Mill Road
Suite, Apt. #, etc.

27 Sheboygan WI
City & State

28 53083 USA
Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC
NAME EBERSOLE, JEFFERY J
STREET ADDRESS W4444 HIGHWAY 32
CITY-ST-ZIP ELKHART LAKE WI 53020 ☐ DELETE

TITLE VVC
NAME HASKINS, PAUL R JR
STREET ADDRESS 226 S GRANT
CITY-ST-ZIP HOWARDS GROVE WI 53083 ☐ DELETE

TITLE SD
NAME DIXON, GARY D
STREET ADDRESS 3624 S SCHOOL AVE
CITY-ST-ZIP APPLETON WI 54915 ☐ DELETE

TITLE TD
NAME HOLTSCLAW, BENNIE C
STREET ADDRESS ROUTE 1, BOX 39
CITY-ST-ZIP CEDAR POINT KS 66843 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS N 8598 HWY 42
2.4 CITY-ST-ZIP CLEVELAND, WI 53015

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address.

SIGNATURE JEFFERY J EBERSOLE 01-27-98 920-452-5058

CR2E034 (10/97)