


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

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Feb 08, 1999 8:00am
Secretary of State

02-08-1999 90005 043 *****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844215

1. Corporation Name
JOHN ROHRER CONTRACTING COMPANY, INC.

Principal Place of Business 2820 ROE LANE BLDG S KANSAS CITY KS 66103 US	Mailing Address 2820 ROE LANE BLDG S KANSAS CITY KS 66103-594 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/25/1979	4. FEI Number 48-0530087	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
JOHN ROHRER CONTRACTING COMPANY, INC.
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROHRER, JOHN	
STREET ADDRESS	14215 W 82ND	
CITY-ST-ZIP	LENEXA KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENRY, WILLIAM	
STREET ADDRESS	5518 NOLAND RD	
CITY-ST-ZIP	SHAWNEE KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROHRER, THOMAS	
STREET ADDRESS	5620 WOODSON	
CITY-ST-ZIP	MISSION KS	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LANIO, ANALEE	
STREET ADDRESS	6809 NO QUINCY AVE.	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROHRER, JOHN	
STREET ADDRESS	14215 W 82ND	
CITY-ST-ZIP	LENEXA KS	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HENRY, WILLIAM	
STREET ADDRESS	5518 NOLAND RD	
CITY-ST-ZIP	SHAWNEE KS	

1.1 TITLE	48-0530087	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address with all other like empowered.

SIGNATURE:  ANALEE A LANIO 1/13/99 913-236-5005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)