

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822535 (1)

1. Corporation Name

GEO. P. REINTJES CO., INC.



Principal Place of Business

3800 SUMMIT
KANSAS CITY MISSOURI 64111

Mailing Address

3800 SUMMIT
KANSAS CITY MISSOURI 64111

3. Date Incorporated or Qualified

03/21/1969

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

44-0654308

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ 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

Signature, typed or printed name of registered agent and location of office.

(NOTE: Registered Agent signature required when resubstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME REINTJES, ROBERT J

STREET ADDRESS 6440 WENONGA
CITY-STATE-ZIP SHAWNEE MISSION KS

TITLE V ☐ DELETE

NAME WORKMAN, RONALD

STREET ADDRESS 209 MONTOLAIRE
CITY-STATE-ZIP OLATHE KS

TITLE VP ☐ DELETE

NAME JOHNSON, STEVE

STREET ADDRESS 1321 HORIZON ST.
CITY-STATE-ZIP BLUE SPRINGS MO

TITLE ST ☐ DELETE

NAME JADERBORG, K.

STREET ADDRESS 7305 GODDARD DR.
CITY-STATE-ZIP SHAWNEE KS

TITLE D ☐ DELETE

NAME REINTJES, G G

STREET ADDRESS 4415 W. 94TH TERR., #11
CITY-STATE-ZIP PRAIRIE VILLAGE KS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

K JADERBORG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

814-754-8150
Daytime Phone #

CR2E034 (12/95)