

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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **831528** (5)

1. Corporation Name
CUTLER REPAVING, INC.



Principal Place of Business 921 EAST 27TH STREET P.O. BOX 3248 LAWRENCE KS 66046	Mailing Address 921 EAST 27TH STREET P.O. BOX 3248 LAWRENCE KS 66046-0248
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2. Principal Place of Business 21 921 E. 27TH ST. Suite, Apt. #, etc. 22 City & State 23 LAWRENCE, KS Zip 24 66046 Country 25 DOUGLAS	2a. Mailing Address 26 921 E. 27TH ST. Suite, Apt. #, etc. 27 City & State 28 LAWRENCE, KS Zip 29 66046 Country 30 DOUGLAS	3. Date Incorporated or Qualified 12/28/1973	3a. Date of Last Report 04/23/1996
		4. FEI Number 36-2580340	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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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	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VESKERNA, CHARLES R.	1.2 NAME	
STREET ADDRESS	921 E 27TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE, KS 00000	1.4 CITY-ST-ZIP	66046
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, DOUGLAS E	2.2 NAME	
STREET ADDRESS	921 E 27TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE, KS 00000	2.4 CITY-ST-ZIP	66046
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, JUDITH K	3.2 NAME	
STREET ADDRESS	921 E 27TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE, KS 00000	3.4 CITY-ST-ZIP	66046
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHBUN, JOHN R.	4.2 NAME	
STREET ADDRESS	921 E 27TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE, KS 00000	4.4 CITY-ST-ZIP	66046
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, JOHN	5.2 NAME	
STREET ADDRESS	921 E 27TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	5.4 CITY-ST-ZIP	66046
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUMNITZ, JACK	6.2 NAME	
STREET ADDRESS	921 E 27TH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS	6.4 CITY-ST-ZIP	66046

14. I do 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: Judith K Coffman **SECRETARY** 2-04-97 913-843-1524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)