

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 24 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

844631

1. Corporation Name

HERZOG CONTRACTING CORP.

Principal Place of Business

Mailing Address

600 S. RIVERSIDE RD
PO BOX 1089
ST. JOSEPH, MO 64502-1089

600 S. RIVERSIDE RD
PO BOX 1089
ST. JOSEPH, MO 64502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/16/79

4. FEI Number
43-0918005

Applied For Not Applicable
\$8.75 Additional Fee Required

5. ~~Continuation of Existing Entity~~ **Certified Copy**

\$5.00 May Be Added to Fees

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

300002792283-7

-03/02/99--01061--023

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 certifying that the 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 filing a Statement of Changes)

(SEE)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE

NAME **PTD**
WILLIAM E. HERZOG
STREET ADDRESS **600 S. RIVERSIDE RD**
CITY-ST-ZIP **ST. JOSEPH MO**

TITLE [] DELETE

NAME **V**
STANLEY M. HERZOG
STREET ADDRESS **600 S. RIVERSIDE RD**
CITY-ST-ZIP **ST. JOSEPH MO**

TITLE [] DELETE

NAME **S**
WILLIAM R HERZOG
STREET ADDRESS **600 S. RIVERSIDE RD**
CITY-ST-ZIP **ST. JOSEPH MO**

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **V** [] Change [X] Addition

12 NAME **STEVEN W. PETER**
13 STREET ADDRESS **600 S. RIVERSIDE RD**
14 CITY-ST-ZIP **ST. JOSEPH, MO 64507**

21 TITLE [] Change [] Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [] Change [] Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [] Change [] Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [] Change [] Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [] Change [] Addition

62 NAME
63 STREET ADDRESS
64 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)(b), 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. 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

Phillip E. Schieber

Phillip E. Schieber Asst. Sec.

2/15/99 816-233-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

9001

CR2E034 (11/98)