

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 20 1998 8:00am  
Secretary of State

DOCUMENT # F92000000636 (2)

1. Corporation Name  
HABCO INT'L, INC.

Principal Place of Business  
930 N. OLIVE  
KANSAS CITY MO 64120

Mailing Address  
930 N. OLIVE  
KANSAS CITY MO 64120



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/25/1992

2. Principal Place of Business	2a. Mailing Address
21 930 N. Olive	26 100 N. Conahan Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Kansas City Mo	28 Hazleton Pa
Zip	Zip
24 64120	29 18201
Country	Country
25 Jackson	30 Luzerne

4. FEI Number  
36-3616702

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 W. 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
85 Zip Code

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

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HORNE, DONALD E	
STREET ADDRESS	4515 MERRYWOOD LANE	
CITY - ST - ZIP	EXCELSIOR MN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, LARRY L	
STREET ADDRESS	692 VENTANA CCR, BOX 868	
CITY - ST - ZIP	MESQUITE NV	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BUTCHER, JEANIE SUE	
STREET ADDRESS	7701 NW 73RD STREET	
CITY - ST - ZIP	KANSAS CITY MO 64152	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUTCHER, JEANIE SUE	
STREET ADDRESS	7701 NW 79RD ST.	
CITY - ST - ZIP	KANSAS CITY MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul D. DeAngelo	
1.3 STREET ADDRESS	100 N. Conahan Dr.	
1.4 CITY - ST - ZIP	Hazleton, PA 18201	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Neal A. DeAngelo	
2.3 STREET ADDRESS	100 N. Conahan Dr.	
2.4 CITY - ST - ZIP	Hazleton, PA 18201	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Neal A. DeAngelo	
3.3 STREET ADDRESS	100 N. Conahan Dr.	
3.4 CITY - ST - ZIP	Hazleton PA 18201	
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.

SIGNATURE:

SIGNATURE REQUIRED

1/16/98 (717) 459-5800

CR2E034 (10/97)