FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:53

DOCUMENT # **F92000000960 (6)**

1. Corporation Name
INFRASTRUCTURE DEVELOPMENT INCORPORATED

Principal Place of Business
8400 WARD PARKWAY
KANSAS CITY MO 64114

Mailing Address
8400 WARD PARKWAY
KANSAS CITY MO 64114

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/07/1992**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **43-1622120** ☐ 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

SMITH, D G
2701 NORTH ROCKY POINT, SUITE 960
TAMPA FL 33607-5924

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	PATTON, J L	1.2 NAME		
STREET ADDRESS	8400 WARD PARKWAY	1.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64114	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HIPPS, J W	2.2 NAME		
STREET ADDRESS	8400 WARD PARKWAY	2.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64114	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SMITH, D G	3.2 NAME		
STREET ADDRESS	2701 NORTH ROCKY POINT DRIVE, SUITE 960	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607-5924	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWELL, L J	4.2 NAME		
STREET ADDRESS	1500 MEADOW LAKE PARKWAY	4.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64114	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAPKER, F E	5.2 NAME		
STREET ADDRESS	1500 MEADOW LAKE PARKWAY	5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64114	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	HALL, W F	6.2 NAME		
STREET ADDRESS	1500 MEADOW LAKE PARKWAY	6.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64114	6.4 CITY-ST-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)(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: J.W. Hipps 3/27/95 (913) 339-2000
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0417784 FP