

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
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90235 010 ***150.00

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1. Corporation Name

RETAIL PLANS AND MANAGEMENT, INC.



Principal Place of Business

2501 MCGEE, MAIL DROP 339
KANSAS CITY MO 64108

Mailing Address

ATTN. TAX 407
P O BOX 419479
KANSAS CITY MO 64141
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

43-1039549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FLETCHER, DON
STREET ADDRESS 2128 OAK CREST DR
CITY-ST-ZIP LIBERTY MO 34608

TITLE PD ☐ DELETE

NAME STURGEON, ROD
STREET ADDRESS 16950 206TH STREET
CITY-ST-ZIP TONGANOXIE KS 66086

TITLE VP ☐ DELETE

NAME BISSET, KAREN I
STREET ADDRESS 9824 SAGAMORE
CITY-ST-ZIP LEXWOOD KS

TITLE VPAS ☐ DELETE

NAME CLEMENTS, VERNON D
STREET ADDRESS 9810 WEST 131ST ST.
CITY-ST-ZIP OVERLAND PARK KS 66213

TITLE VPAS ☐ DELETE

NAME SCHAEFER, MARK
STREET ADDRESS 12616 CEDAR
CITY-ST-ZIP LEAWOOD KS 66209

TITLE S ☐ DELETE

NAME YOUNG, VICKIE
STREET ADDRESS 11707 E 61ST STREET
CITY-ST-ZIP KANSAS CITY MO 64133

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

LIBERTY, MO. 64068

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

6345 SENECA
SHAWNEE MISSION, KS. 66208

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/99

816-274-3691

CR2E034 (11/98)