## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

	JAL REPORT  1996	Secretary	Mortham y of State CORPORATIONS		
1. Corporation	T T T T T T T T T T T T T T T T T T T	0000367 (2)			
BASIC	MANAGEMENT, INC.			i ilainin kki odki oleh aban odki	
Principal Place	e of Business	Mailing Address			<u> </u>
	8730 THOMAS DRIVE B100 E 22ND ST. BLDG : PANAMA CITY FL 32408 WICHITA KS 67226 US				
				<ol> <li>Date Incorporated or Qualified 01/25/1994</li> </ol>	3a. Date of Last Report 05/01/1995
<b>—</b>	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		48-1142684	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
Zιp	Country	Zip	Country	This corporation has liability for it.	Added to Fees
24	9. Name and Address of Current		30	Florida Statutes 🔀 Yes	□No
	8, Hairie Bille Address of Current	vedizieian waeur	81 Name	10. Name and Address of New R	egistered Agent
	RPOFIATION SYSTEM		82 Street	Address (P.O. Box Number is Not Acceptab	lala
	OUTH PINE ISLAND ROAD		Audioss is to box (talling) to the receptant		
PLANIA	ATION FL 33324		63		
			84 City		FL B5 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502 a	nd 607.1508, Florida Statutes,	the above-named or	orporation submits this statement for the pure board of directors. I hereby accept the appo	
U Tugistur	th, and accept the obligations of, Section	. Such change was authorized	by the corporation s	board of directors, i hereby accept the appo	bintment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent an	o tole if annikcable. (NOTE:	Registered Agent signature re	Manufact when reinstatuse	DATE
12.	OFFICERS AND I	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD LANDY	☐ DELETE	1. 1 TITLE		Change Addition
NAME STREET ADDRESS	KORNRUMPF, HARRY 8370 THOMAS DRIVER		1.2 NAME	8730 Thomas Drive	
CITY - S1 - ZIP	PANAMA CITY FL		1.3 STREFT ADDRESS 1.4 CITY-ST-ZIP	Panama City FL	
TIFLE	VD	☐ DELETE	2 1 THTLE	Turiuma CLC, II	☐ Change ☐ Addition
NAME	RUHFUS, ROLF E		2 2 NAME		
STREET ADDRESS CITY-ST-ZIP	8100 E. 22ND ST., BLDG. 500 WICHITA KS 67226		2.3 STREET ADDRESS		
TIFLE	VD VD	DELETE	2.4 CITY - ST - ZIF 3. 1 TITLE		☐ Change ☐ Addition
NAME	ISAAC, B. ANTHONY		3 2 NAME		
STREET ADDRESS	8100 E. 22ND ST., BLDG. 500		3.3 STREET ADDRESS		
CITY-S*-ZIP TITLE	WICHITA KS 67226 VD	☐ DELETE	3 4 CITY-ST-ZIP		
NAME	MARVIN, DON R	□ beccie	4 1 TITLE 42 NAME		☐ Change ☐ Addition
STREET ADDRESS	8100 E. 22ND ST., BLDG. 500		4 3 STREET ADDRESS		
CITY - S1 - ZIP	WICHITA KS 67226		4.4 CITY - ST - ZIP		
TITLE	VID Baker, roy r	☐ DECETE	5. 1 THILE		Change Addition
STREET ADDRESS	8100 E. 22ND ST., BLDG. 500		5.2 NAME 5.3 STREET ADDRESS		
CHTY-ST-ZIP	WICHITA KS 67226		5 4 CITY - ST - ZIP		
THLE		☐ DELETE	6 1 TITLE		Criange Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREFT ADDRESS		

64 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)(k), 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:

Roy R. Baker

SIGNATURE: SIGNATURE AND TYPEO'OR

(316) 681-5107