

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002730 (9)

1. Corporation Name

J. C. NICHOLS COMPANY

Principal Place of Business

310 WARD PARKWAY
KANSAS CITY MO 64112

Mailing Address

310 WARD PARKWAY
KANSAS CITY MO 64112

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1994

3a. Date of Last Report

06/14/1996

4. FEI Number

44-0371610

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HARRELL, ROY G JR
100 SECOND AVE., SOUTH
12TH FLOOR
ST. PETERSBURG FL 33701

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
BRADY, BARRETT
5317 MISSION WOODS TERRACE
SHAWNEE MISSION KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
SLOAN, PRICE
650 W 69TH TERRACE
KANSAS CITY MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SHANAHAN, BRIAN
11805 JEFFERSON
KANSAS CITY MO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP S
SHIELD MICHAEL
3629 SOMERSET DRIVE
SHAWNEE MISSION KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
PETERSON, MARK
1314 LARSEN
OVERLAND PARK KS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
DIXON, DONNELL
5301 FALMOUTH RD
SHAWNEE MISSION KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

SHANAHAN, BRIAN

SHIELDS, MICHAEL

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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] J. C. NICHOLS COMPANY

8/5/97

(816)561-3456

CR2E034 (4/97)