SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000004813 (1)**

1. Corporation Name
EMCO INDUSTRIES, INC.

Principal Place of Business	Mailing Address
~~10850 LAKEVIEW AVE.~~ ~~LENEXA KS 66215~~	~~10850 LAKEVIEW AVE.~~ ~~LENEXA KS 66215~~

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 14740 W 101ST TERR
22: Suite, Apt. #, etc
23: City & State: LENEXA KS
24: Zip: 66215
25: Country: JOHNSON

2a. Mailing Address
26: 14740 W 101ST TERR
27: Suite, Apt. #, etc
28: City & State: LENEXA KS
29: Zip: 66215
30: Country: JOHNSON

4. FEI Number: 48-1140267 ☐ 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCDT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ALEXANDER, DON H		1.2 NAME		
STREET ADDRESS	10850 LAKEVIEW AVE		1.3 STREET ADDRESS	14740 W 101ST TERR	
CITY-ST-ZIP	LENEXA KS		1.4 CITY-ST-ZIP	LENEXA KS 66215	
TITLE	S	☐ DELETE	2.1 TITLE	ASST S	☒ Change ☐ Addition
NAME	THOMPSON, ANITA		2.2 NAME		
STREET ADDRESS	10850 LAKEVIEW AVE		2.3 STREET ADDRESS	14740 W 101ST TERR	
CITY-ST-ZIP	LENEXA KS		2.4 CITY-ST-ZIP	LENEXA KS 66215	
TITLE	V	☐ DELETE	3.1 TITLE	V/S	☒ Change ☐ Addition
NAME	METZGER, ROBERT J		3.2 NAME		
STREET ADDRESS	10850 LAKEVIEW AVE		3.3 STREET ADDRESS	14740 W 101ST TERR	
CITY-ST-ZIP	LENEXA KS		3.4 CITY-ST-ZIP	LENEXA KS 66215	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCCARTER, C T		4.2 NAME		
STREET ADDRESS	2340 GUILFORD		4.3 STREET ADDRESS	14740 W 101ST TERR	
CITY-ST-ZIP	SHAWNEE MISSION KS		4.4 CITY-ST-ZIP	LENEXA KS 66215	
TITLE		☐ DELETE	5.1 TITLE	V	☐ Change ☒ Addition
NAME			5.2 NAME	DAVID W PARSONS	
STREET ADDRESS			5.3 STREET ADDRESS	14740 W 101ST TERR	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LENEXA KS 66215	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J Mutza 6.9.96 913-492-7414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0181327 EN