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Jul 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003399 (0)

1. Corporation Name

HEINLEIN SCHROCK ARCHITECTURE, INC.

Principal Place of Business

Mailing Address

~~415 DELAWARE SUITE 1~~ 4118A PENNSYLVANIA ~~415 DELAWARE SUITE 1~~ 4118A PENNSYLVANIA
KANSAS CITY MO 64111 KANSAS CITY MO 64111

2. Principal Place of Business

21 4118A PENNSYLVANIA

Suite, Apt. #, etc.

22 City & State

23 KANSAS CITY MO

24 Zip 64111

Country USA

2a. Mailing Address

26 4118A PENNSYLVANIA

Suite, Apt. #, etc.

27 City & State

28 KANSAS CITY MO

29 Zip 64111

Country USA

9. Name and Address of Current Registered Agent

HARPER, BARBARA
1136 ARLINBROOK DRIVE
NEW PORT RICHEY FL 34055

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

4. FEI Number

43-1725330

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCS
NAME SCHROCK, J B
STREET ADDRESS 108 E. 68TH TERRACE
CITY-ST-ZIP KANSAS CITY MO 64113

☐ DELETE

TITLE WCT
NAME HEINLEIN, GEORGE M
STREET ADDRESS 2907 W. 92ND TERRACE
CITY-ST-ZIP LEAWOOD KS 66206

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Charmelle H. ... August 1997

CR2E034 (9/96)