

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

FILED  
 Aug 19 1999 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F97000002730

MID-WEST WHOLESALE HARDWARE CO.



07/08/99 90029 030 550.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 121 FRONT STREET KANSAS CITY MO 64120		Mailing Address 5121 FRONT STREET KANSAS CITY MO 64120		3. Date Incorporated or Qualified 05/22/1997	
Principal Place of Business 26		2a. Mailing Address 26		4. FEI Number 04-3359757	
Suits, Apt. #, etc. 27		Suits, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 28		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29	Country 30	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAMPROS, MICHAEL L 210 DUNCAN TRAIL LONOOGWOOD FL 32779				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

I, Pursuant to the provisions of sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>OFFICERS AND DIRECTORS</b>			
11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP
<input type="checkbox"/> DELETE			
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<input checked="" type="checkbox"/> DELETE			
11. TITLE	12. NAME	13. STREET ADDRESS	14. CITY-ST-ZIP
<input type="checkbox"/> DELETE			

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.

SIGNATURE: *Robert L. Moser* 7-1-99 816-241-5663  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (5/99)

7/14