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Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90012 025 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F97000002851

1. Corporation Name

LEGENDS MANUFACTURING CORP.

Principal Place of Business

0237 WARD PARKWAY  
SUITE 100  
KANSAS CITY MO 64114

Mailing Address

0237 WARD PARKWAY  
SUITE 100  
KANSAS CITY MO 64114

2. Principal Place of Business

21 1201 DOUGLAS AVENUE  
Suite, Apt. #, etc.

22 City & State  
23 KANSAS CITY, KANSAS

24 Zip 66103 Country 25 USA

2a. Mailing Address

26 1201 DOUGLAS AVE  
Suite, Apt. #, etc.

27 City & State  
28 KANSAS CITY, KANSAS

29 Zip 66103 Country 30 USA

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number  
74-2827390

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~ENDICK, JOEL~~  
9104 NW 105TH WAY  
MEDLEY FL 33178

10. Name and Address of New Registered Agent

81 Name DAVID CUMMINGHAM  
82 Street Address (P.O. Box Number is Not Applicable)  
9104 NW 105TH WAY  
83  
84 City MEDLEY FL 85 Zip Code 33178

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

*David Cunningham* DAVID CUMMINGHAM

DATE

3-15-99

12. OFFICERS AND DIRECTORS

TITLE CSTD ☐ DELETE  
NAME MISEMER, KENT A  
STREET ADDRESS 11717 HIGH DRIVE  
CITY-ST-ZIP LEAWOOD KS 66211

TITLE P ☒ DELETE  
NAME MORRISON, STAN  
STREET ADDRESS 12221 CHEROKEE LANE  
CITY-ST-ZIP LEAWOOD KS 66029

TITLE V ☒ DELETE  
NAME MAI, TOM  
STREET ADDRESS 16942 HEATHER LANE  
CITY-ST-ZIP BELTON MO 64012

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

*James C. Smith* JAMES C. SMITH, Controller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

913 321 1070

Daytime Phone #

CR2E034 (11/98)