

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90076 026 ***150.00

DOCUMENT # F97000005620

1. Corporation Name

DONDLINGER & SONS CONSTRUCTION CO., INC.

Principal Place of Business

P.O. BOX 398
WICHITA KS 67201-0398

Mailing Address

P.O. BOX 398
WICHITA KS 67201-0398

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

48-0601790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME DONDLINGER, THOMAS E
STREET ADDRESS 817 LINDEN CT
CITY-ST-ZIP WICHITA KS 67206

TITLE VD ☐ DELETE

NAME DONDLINGER, PAUL J
STREET ADDRESS 13824 PINNACLE
CITY-ST-ZIP WICHITA KS 67230

TITLE ST ☐ DELETE

NAME PHILLIPS, GREGORY D
STREET ADDRESS 1914 WHITE OAK
CITY-ST-ZIP WICHITA KS 67207

TITLE VD ☐ DELETE

NAME DONDLINGER, JAMES N
STREET ADDRESS 241 S. DELLROSE
CITY-ST-ZIP WICHITA KS 67218

TITLE VD ☐ DELETE

NAME DONDLINGER JR, MARTIN C
STREET ADDRESS 241 S. DELLROSE
CITY-ST-ZIP WICHITA KS 67206

TITLE AST ☐ DELETE

NAME EVANS, ERMA
STREET ADDRESS 532 S. GREENWOOD
CITY-ST-ZIP WICHITA KS 67211

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/99

(316) 945-0555

Date

Daytime Phone #

CR2E034 (11/98)