FILED Apr 30, 1999 8:00 am Secretary of State

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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

DOCUMENT # F9800000982

BCI CONSTRUCTION, INC.

Principal Place of Busines	5
453 SOUTH WEBB ROAD	
WICHITA KS 67207	

Mailing Address

453 SOUTH WEBB ROAD

VICHITA KS 67207 WICHITA KS 67207					DO NOT WRITE IN THIS SPACE						
•							3. Date Incorporated or Qualifed				
							02/20/1998				
2. Principal Place	of Business	2a	· Mailing Address				4. FEI Number		Applied For		
1		26					48-1014013		Not Applicable		
Suite, Apt. #, e	tc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	•	75 Additional e Required		
2		27	0/4 = 0.04-4-				<u> </u>				
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May B Added to Fee				
Zip	Country		Zip Cou		ntry		8. This corporation owes the current year Intangible				
4	25	29		30			Personal Property Tax.	☐ Yes	₩No		
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent					
					81	Name					
1200 SOUTH PINE ISLAND ROAD			82								
			83								
	100 f 1				84	City	FI	<u> </u>	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.		AND DIRECTORS	13.		ADDITIONS/CHANGE	S TO OFFICERS AN	D DIRECTOR	RS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	ASSis	Hant Secreta	r 4	☐ Change	Addition			
NAME	FREY, MICHAEL F		1.2 NAME	Marx	Ohlendorf						
STREET ADDRESS	453 SOUTH WEBB ROAD		1.3 STREET ADDRESS		N. Sunnyslope	Rond, #2300					
CITY-ST-ZIP	WICHITA KS		1.4 CITY-ST-ZIP	Broo	Kfield, WI	53005					
TITLE	VS	☐ DELETE	2.1 TITLE			-	Change	☐ Addition			
NAME	KNOTT, R G		2.2 NAME								
STREET ADDRESS	453 SOUTH WEBB ROAD		2.3 STREET ADDRESS	1							
CITY-ST-ZIP	WICHITA KS		2. 4 CITY-ST-ZIP								
TITLE	CTD	☐ DELETE	3.1 TITLE	. [Change	☐ Addition			
NAME	BUCHANAN, TIMOTHY J	·	3.2 NAME	<u> </u>							
STREET ADDRESS	453 SOUTH WEBB ROAD		3.3 STREET ADDRESS]							
CITY-ST-ZIP	WICHITA KS		3.4. CITY-ST-ZIP								
TITLE	V .	☐ DELETE	4.1 TITLE	i }			Change	Addition			
NAME	NELSON, GARY L		4. 2 NAME	į							
STREET ADDRESS	453 SOUTH WEBB ROAD		4.3 STREET ADDRESS	1							
CITY-ST-ZIP	WICHITA KS		4.4 CITY-ST-ZIP								
TITLE	V	☐ DELETE	5.1 TITLE				Change	☐ Addition			
NAME	GASSETT, DAN		5.2 NAME	١							
STREET ADDRESS	453 SOUTH WEBB ROAD		5.3 STREET ADDRESS								
CITY-ST-ZIP	WICHITA KS		5.4 CITY-ST-ZIP								
TITLE	V	™ DELETE	6.1 TITLE		}		☐ Change	☐ Addition			
NAME	RUPE, DOUGLAS G		6.2 NAME		4						
STREET ADDRESS	453 SOUTH WEBB ROAD		6.3 STREET ADDRESS								
CITY-ST-ZIP	WICHITA KS	·	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 bither like empowered.

SIGNATURE:

ICEN OR DIRECTOR ASSESTANT SECRETARY

414-641-7563