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

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90057 047 ***150.00

DOCUMENT # F98000004903

1. Corporation Name

D & P PROPERTIES OF MISSOURI, INC.

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Principal Place	e of Business	Mailing Address			1 100 110 110 110 110 110 110 110 110 1	ibilit Aditi aditi adili Bibia ibili	•	
1210 NORTH 7	HIGHWAY	1210 NORTH 7 HIGHWAY			1			
BLUE SPRINGS MO 64014 BLUE SPRINGS MO 64014					CO NOT WE	RITE IN THIS SPACE		
	<u>-</u>						 -	ì
				•	3. Date Incorporated or Qualifer	u	,	
					08/31/1998 4. FEI Number		oplied For	}
<u> </u>	lace of Business	2a. Mailing Address			43-1665683	<u> </u>	ot Applicable	┨
21		26 Suite Ant # ste	_		43-1003003		Additional	┨
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 7	equired	
22		City & State			C. Flactice Committee Financine		 	1
City & State		<u> </u>			6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	ł
23	Contract of the Contract of th	28 Zip	Counti		8. This corporation owes the cu		10 1 000	1
Zip	Country	— · · · · · · · · · · · · · · · · · · ·	30	,	Personal Property Tax.	Yes	⊠No	
24	9. Name and Address of Currer		301		10. Name and Address of New			1
	5. Name and Address of Currer	it Kedistelen väent	8	1 Name	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1
BER1	TOLINI, MICHAEL J ESQ.				thil Williams			1
	ARLLEE PORGES, HAMLIN, KNO	WLES ET AL.	8:		dress (P.O. Box Number is Not Accept			
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	DENTON FL 34205]
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44.5	1 th annual in a 1 Carlings CO7 DEC) 22 and 607 1509 Florida Statuta	or the abo	ve-named co	moration submits this statement for th	e numose of changing its	registered	1
La attacking for a	registered agent or both in the State	of Florida, Such change was at	ithorizen b	v ine comora	tion's board of directors. I hereby acc	ept the appointment as re	egistered	İ
agent. I a	im familiar with, and accept the obliga	itions of, Section 607.0505, Flor	ida Statute	es.				
1 -	<u> </u>	(.() - \	α	— *	7 - 1			1
SIGNATURE	Phil Williams	Jan D.			3-10-	99 DATE		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Ag		ired when reinstating)	DATE	ORS IN 12	í
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag	ent signature requ		DATE	ORS IN 12	14,00
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE	ent signature requ	ired when reinstating)	FFICERS AND DIRECTO		(44,00)
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN PD WALKER, DEAN	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME	ent signature requ	ired when reinstating)	FFICERS AND DIRECTO		1034 (44,08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN PD WALKER, DEAN 1616 DANA	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	ent signature requ	ired when reinstating)	FFICERS AND DIRECTO		000000000000000000000000000000000000000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD WALKER, DEAN 1616 DANA BLUE SPRINGS MO 64014	nt and title if applicable. (NOTE: ND DIRECTORS	Registered Ag	ent signature requirement signature requirem	ired when reinstating)	FFICERS AND DIRECTO		CD2E024 (44,000)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD WALKER, DEAN 1616 DANA BLUE SPRINGS MO 64014 TSD	nt and title if applicable. (NOTE:	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY- 2.1 TITLE	ent signature requirement signature requirem	ired when reinstating)	FFICERS AND DIRECTO	☐ Addition	CD0E004 (44,00)
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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:

3-10-99

816-220-1968 Daylime Phone #