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Apr 20, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000005547

1. Corporation Name

INNOVATIVE BUILDING TECHNOLOGY, INC.

Principal Place of Business
P.O. BOX 4945
KANSAS CITY MO 64120-4945

Mailing Address
P.O. BOX 4945
KANSAS CITY MO 64120-4945



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1998

4. FEI Number

43-1790997

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 c/o Butler Mfg. Co.

Suite, Apt. #, etc.

27 P.O. Box 419917

City & State

28 Kansas City, MO

Zip Country

29

64141-0917

30

USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, 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

TITLE ☐ DELETE

NAME HAYES, LARRY D
STREET ADDRESS 6601 EXECUTIVE DRIVE
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME WINKLER, LAVON R
STREET ADDRESS 6601 EXECUTIVE DRIVE
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME VS
BALLENTINE, RICHARD O
STREET ADDRESS 700 KARNES BLVD
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME V
HOLLAND, JOHN J
STREET ADDRESS 700 KARNES BLVD
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME T
MILLER, LARRY C
STREET ADDRESS 700 KARNES BLVD
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE

NAME D
WEST, ROBERT H
STREET ADDRESS 6601 EXECUTIVE DR.
CITY-ST-ZIP KANSAS CITY MO

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

700 Karnes Blvd.
Kansas City, MO 64108

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 REQUIRED Larry C. Miller

4/12/99

816-968-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0529973