

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P05915 (4)**

1. Corporation Name  
**PERFORMANCE CONTRACTING, INC. OF KANSAS**



Principal Place of Business: **5435 77 CENTER DR #10 CHARLOTTE NC 28217**  
Mailing Address: **5435 77 CENTER DR #10 CHARLOTTE NC 28217**

3. Date Incorporated or Qualified: **05/07/1985**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>34-1467168</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLISE, T. L.</b>	1.2 NAME	
STREET ADDRESS	<b>16047 W. 110TH ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENEXA KS</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPRAETZ, K.M.</b>	2.2 NAME	
STREET ADDRESS	<b>16047 W. 110TH ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENEXA KS</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, FRANK R.</b>	3.2 NAME	
STREET ADDRESS	<b>16047 W. 110TH ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENEXA KS</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPHAM, D.D.</b>	4.2 NAME	
STREET ADDRESS	<b>5435 77CENTER DR #10</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTHEWS, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>16047 W. 110TH ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FALLON, CRAIG</b>	6.2 NAME	
STREET ADDRESS	<b>16047 WEST 110TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LENEXA KS</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Doug Lapham* **Doug Lapham** 4/3/96 (704) 559-896

CR2E034 (12/95)