

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 # P09011 (8)

1. Corporation Name

SMITH & LOVELESS, INC.



Principal Place of Business

14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215

Mailing Address

14040 SANTA FE TRAIL DRIVE
LENEXA KS 66215

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
02/07/1986

3a. Date of Last Report
05/01/1995

4. FEI Number

48-0924021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

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

TITLE PTD ☐ DELETE
NAME REBORI, ROBERT L
STREET ADDRESS 13919 WEST 48TH TERRACE
CITY-ST-ZIP SHAWNEE KS

TITLE VD ☐ DELETE
NAME SHULL, FORREST E.
STREET ADDRESS 8504 WEST 114TH STREET
CITY-ST-ZIP OVERLAND PARK KS

TITLE VSD ☐ DELETE
NAME MARSCHALL, STUART B
STREET ADDRESS 10580 GLENVIEW LN
CITY-ST-ZIP OLATHE KS

TITLE SD ☐ DELETE
NAME LYONS, ROBERT P
STREET ADDRESS 1016 HUNTINGTON ROAD
CITY-ST-ZIP KANSAS CITY MO

TITLE VSD ☐ DELETE
NAME BELL, JAMES A
STREET ADDRESS 4322 HOMESTEAD CIRCLE
CITY-ST-ZIP PRAIRIE VILLAGE KS

TITLE AS ☐ DELETE
NAME SMITH, GAD
STREET ADDRESS 6430 INDIAN LANE
CITY-ST-ZIP SHAWNEE MISSION KS

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

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

Date

Daytime Phone #

CR2E034 (12/95)