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Feb 01, 1999 8:00am
Secretary of State

02-01-1999 90031 009 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P09011

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1986

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 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 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

☐ DELETE

TITLE AT
NAME FERBEZAR, DAVID B
STREET ADDRESS 14710 W 65TH STREET
CITY-ST-ZIP SHAWNEE KS

☐ DELETE

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

☐ DELETE

TITLE S
NAME WICKHAM, LANETTE
STREET ADDRESS 5702 OAK VIEW DRIVE
CITY-ST-ZIP SHAWNEE KS

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99

913 888 5201

CR2E034 (11/98)