

**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 # P16973 (0)

1. Corporation Name  
**PLOWMAN CONSTRUCTION COMPANY, INC.**



Principal Place of Business: 8249 W 95TH ST 105 OVERLAND PARK KS 66212  
Mailing Address: 8249 W 95TH ST 105 OVERLAND PARK KS 66212

3. Date Incorporated or Qualified: 11/30/1987  
3a. Date of Last Report: 01/18/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 43-1342448	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
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
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PLOWMAN, R. DON <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11409 RILEY OVERLAND PARK KS	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STD PLOWMAN, JEANNE	2 2 NAME	
CITY-ST-ZIP	11409 RILEY OVERLAND PARK KS	2 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	2 4 CITY-ST-ZIP	
NAME		3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3 2 NAME	
CITY-ST-ZIP		3 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	3 4 CITY-ST-ZIP	
NAME		4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4 2 NAME	
CITY-ST-ZIP		4 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4 4 CITY-ST-ZIP	
NAME		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5 2 NAME	
CITY-ST-ZIP		5 3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5 4 CITY-ST-ZIP	
NAME		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6 2 NAME	
CITY-ST-ZIP		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: *R. Don Plowman* R. DON PLOWMAN 4-19-96 913 649 4334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)