

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 3:58

DOCUMENT # P21547

(5)

1. Corporation Name

THOMAS K. DYER, INC.

Principal Place of Business

1201 WALNUT
P.O. BOX 412197
KANSAS CITY MO 64141

Mailing Address

1201 WALNUT
P.O. BOX 412197
KANSAS CITY MO 64141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/28/1988

3a. Date of Last Report

04/20/1994

4. FEI Number

04-2347018

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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 (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PT

NAME

O'REILLY, CHARLES L.

STREET ADDRESS

75 SHERIDAN ST.

CITY-ST-ZIP

WOBURN MA

TITLE

VP

NAME

WIGHT, JOHN W. JR.

STREET ADDRESS

11 PARK LN

CITY-ST-ZIP

MADISON NJ

TITLE

VAT

NAME

HARTSOE, GLEN E.

STREET ADDRESS

11 SHERSOOD DR.

CITY-ST-ZIP

NORTH HAVEN CT

TITLE

SD

NAME

COMA, ROBERT S.

STREET ADDRESS

300 BEECHMONT DRIVE

CITY-ST-ZIP

CARMEL IN

TITLE

AST

NAME

LINCOLN, KENDALL T.

STREET ADDRESS

6324 DEARBORN DRIVE

CITY-ST-ZIP

MISSION KS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 110.07(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:

Kendall T. Lincoln / Kendall T. Lincoln

2-9-95

(816) 472-1201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone)