FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 27 AM 10:52
95 JUN 27 AM 10:51

DOCUMENT # **P25373** **(2)**

1. Corporation Name
EVCON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
3110 NORTH MEAD P. O. BOX 19014 WICHITA KS 67204-9014 US	3110 NORTH MEAD P. O. BOX 19014 WICHITA KS 67204-9014 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
07/27/1989	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **48-1071797** ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	☐ Change ☐ Addition
NAME	HART, CHARLES L.	12 NAME	
STREET ADDRESS	3110 N. MEAD	13 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	14 CITY-ST-ZIP	
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	BUSS, J. RONALD	22 NAME	
STREET ADDRESS	2312 STONEYBROOK CT	23 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	24 CITY-ST-ZIP	
TITLE	CD	31 TITLE	☐ Change ☐ Addition
NAME	YOUNG, MICHAEL	32 NAME	
STREET ADDRESS	9110 E COUNTRY WALK	33 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BURLINGAME, T. MICHAEL	42 NAME	
STREET ADDRESS	1441 N. ROCK RD.	43 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	HUNTINGTON, THOMAS	52 NAME	
STREET ADDRESS	3110 N. MEAD	53 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	FRAIZER, SCOTT	62 NAME	
STREET ADDRESS	3110 N. MEAD	63 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	64 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)(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.

SIGNATURE: Scott Fraizer Scott Fraizer, Treas 316-832-6586
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480138 FN