

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P25373 (2)

1. Corporation Name

EVCON INDUSTRIES, INC.



Principal Place of Business

3110 NORTH MEAD
P. O. BOX 19014
WICHITA KS 67204-9014
US

Mailing Address

3110 NORTH MEAD
P. O. BOX 19014
WICHITA KS 67204-9014
US

3. Date Incorporated or Qualified
07/27/1989

3a. Date of Last Report
06/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 17465 -1592 30 YORK

2a. Mailing Address

26 P.O. Box 1592-364E

27 Suite, Apt. #, etc.

28 YORK, PA

29 17465 -1592 30 YORK

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE
NAME HART, CHARLES L.
STREET ADDRESS 3110 N. MEAD
CITY-ST-ZIP WICHITA KS

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1141 N. COACH HOUSE CT.
1.4 CITY-ST-ZIP

TITLE SV ☐ DELETE
NAME BUSS, J. RONALD
STREET ADDRESS 2312 STONEYBROOK CT
CITY-ST-ZIP WICHITA KS

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD ☒ DELETE
NAME YOUNG, MICHAEL
STREET ADDRESS 9110 E COUNTRY WALK
CITY-ST-ZIP WICHITA KS

3.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
3.2 NAME KING, R.A.
3.3 STREET ADDRESS 1007 CHAPEL FORGE COURT
3.4 CITY-ST-ZIP LANCASTER, PA

TITLE V ☒ DELETE
NAME BURLINGAME, T. MICHAEL
STREET ADDRESS 1441 N. ROCK RD.
CITY-ST-ZIP WICHITA KS

4.1 TITLE ASST. SEC. & ASST. TREAS. ☐ Change ☒ Addition
4.2 NAME M. D. KORNBLATT
4.3 STREET ADDRESS 4083 ROSEWALL COURT
4.4 CITY-ST-ZIP HARRISBURG, PA

TITLE VP ☐ DELETE
NAME HUNTINGTON, THOMAS
STREET ADDRESS 3110 N. MEAD
CITY-ST-ZIP WICHITA KS

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 1518 N. WHEATRIDGE
5.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME FRAIZER, SCOTT
STREET ADDRESS 3110 N. MEAD
CITY-ST-ZIP WICHITA KS

6.1 TITLE ASST. TREASURER ☐ Change ☒ Addition
6.2 NAME W.M. NAYLOR
6.3 STREET ADDRESS R.D. 1, BOX 1288-C
6.4 CITY-ST-ZIP SPRING CRNE, PA

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

M. D. KORNBLATT
ASST. SEC.Y.

4/29/96 (717) 771-6273

Date

Daytime Phone #

CR2E034 (12/95)