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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 18014
WICHITA KS 67204-0014
US

Mailing Address

P.O. BOX 1592-364E
P. O. BOX 18014
YORK PA 17405
US



3. Date Incorporated or Qualified

07/27/1989

3a. Date of Last Report

05/01/1996

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

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 VP ☐ DELETE

NAME HART, CHARLES L.
STREET ADDRESS 1141 N. COACH HOUSE CT.
CITY-ST-ZIP WICHITA KS

TITLE SV ☐ DELETE

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

TITLE S ☐ DELETE

NAME KING, R.A.
STREET ADDRESS 1007 CHAPEL FORCE COURT
CITY-ST-ZIP LANCASTER PA

TITLE ST ☐ DELETE

NAME KORNBLATT, M.D.
STREET ADDRESS 4083 ROSEWELL COURT
CITY-ST-ZIP HARRISBURG PA

TITLE VP ☐ DELETE

NAME HUNTINGTON, THOMAS
STREET ADDRESS 1516 N. WHEATRIDGE
CITY-ST-ZIP WICHITA KS

TITLE T ☐ DELETE

NAME NAYLOR, W.M.
STREET ADDRESS R.D. 1, BOX 1288-C
CITY-ST-ZIP SPRING GROVE PA

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 do 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.

SIGNATURE:

Sandra B. Mortham

Signature #

(25) 331 4234

CR2E034 (9/96)