

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
**P.O. BOX 1592-364E
P. O. BOX 19014
YORK PA 17405-1592
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 1592-364E
22 City & State	27 York PA
23 Zip	28 17405-1592
24 Country	29 US

3. Date Incorporated or Qualified 07/27/1989	
4. FEI Number 48-1071797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, CHARLES L.	1.2 NAME	
STREET ADDRESS	1141 N. COACH HOUSE CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	1.4 CITY-ST-ZIP	
TITLE	SV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSS, J. RONALD	2.2 NAME	
STREET ADDRESS	2312 STONEYBROOK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, R.A.	3.2 NAME	
STREET ADDRESS	1007 CHAPEL FORCE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LANCASTER PA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KORNBLATT, M.D.	4.2 NAME	
STREET ADDRESS	4083 ROSEWELL COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARRISBURG PA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTINGTON, THOMAS	5.2 NAME	
STREET ADDRESS	1518 N. WHEATRIDGE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WICHITA KS	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, W.M.	6.2 NAME	
STREET ADDRESS	R.D. 1, BOX 1288-C	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING GROVE PA	6.4 CITY-ST-ZIP	

14. I 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: _____

[Signature]

4/27/98 (117) 771-7401

CR2E034 (10/97)