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P29635

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 AUG -4 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29635**

1. Corporation Name
GOULD EVANS GOODMAN ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
706 MASSACHUSETTS STREET LAWRENCE KS 66044	706 MASSACHUSETTS STREET LAWRENCE KS 66044

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified: **06/01/1990**

4. FEI Number: **48-1010359** ☐ 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 owes the current year Intangible Personal Property Tax: ☐ 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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GOULD, ROBERT E		1.2 NAME	
STREET ADDRESS	706 MASSACHUSETTS STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS 66044		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, DAVID C.		2.2 NAME	
STREET ADDRESS	706 MASSACHUSETTS STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	LAWRENCE KS 66044		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	SP
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 4/14/99 (785) 842-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

August 3, 1999

In reply to: Account 48-1010359
Ref: P29635

Stacy
Department of State
Div. Of Corp / Annual Reports Section
P.O. Box 1500
Tallahassee FL 32302-1500

Dear Stacy,

On April 15, 1999, we sent in our annual corporation report along with a check for $150.00. On July 6, 1999 I received the report and our check back in the mail with a postal stamp on the outer envelope marked return for postage. There was postage on the envelope, so I took a copy of the envelope and sent the original back to you along with the check and the report. We have now received a notice from the state saying that we have a $400.00 late filling fee. We are asking that you waive this fee as we did everything in our power to get the report to you on time.

Please advise me in writing as to whether or not we will still be liable for the late filling fee. I appreciate your immediate attention in this matter.

Sincerely,

Christy Wisemore

Christy Wisemore
Accounts Payable

Gould
Evans
Goodman
Associates, LC

Architecture
Interior Design
Planning
Landscape Architecture
Construction Services
Information Systems
Graphic Design

Westport Center
4041 Mill Street
Kansas City, Missouri 64111-3008

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