

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90027 014 ***150.00

DOCUMENT # P30175

1. Corporation Name

MIZE, HOUSER & COMPANY, PROFESSIONAL ASSOCIATION

Principal Place of Business

534 S. KANSAS AVE.
TOPEKA KS 66603

Mailing Address

534 S. KANSAS AVE.
TOPEKA KS 66603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1990

4. FEI Number

48-0882363

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

RACHLIN & COHEN, CPA'S
ATTN: RICHARD DRATH
1320 S DIXIE HWY, PENTHOUSE
CORAL GABLES FL 33146

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP ☐ DELETE

NAME MEHLINGER, ROBERT M.
STREET ADDRESS 7111 FOUNTAINDALE RD.
CITY-ST-ZIP TOPEKA KS

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE

NAME OLSON, KEITH L.
STREET ADDRESS 6860 AYLESBURY RD.
CITY-ST-ZIP TOPEKA KS

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

NAME FARRELL, THOMAS B
STREET ADDRESS 22909 STATE LINE RD
CITY-ST-ZIP CLEVELAND MO

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME KIMES, TERRY J.
STREET ADDRESS 3416 JARDINE
CITY-ST-ZIP TOPEKA KS

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE P ☐ DELETE

NAME GROESBECK, ALAN, W
STREET ADDRESS 6027 SW 38TH ST
CITY-ST-ZIP TOPEKA KS

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME BOND, DUANE F
STREET ADDRESS 1294 PEMBROKE
CITY-ST-ZIP TOPEKA KS

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

785/233-0536

Daytime Phone #

CR2E034 (1/98)