

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P36112

(1)

1. Corporation Name

PRYOR RESOURCES, INC.

Principal Place of Business

**2000 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205**

Mailing Address

**2000 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/30/1991

3a. Date of Last Report

08/26/1994

4. FEI Number

49-0958046

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

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

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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD

LOVE, PHILIP R

2000 SHAWNEE MISSION PKW
SHAWNEE MISSION KS

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD

HAYS, MICHAEL B

2000 SHAWNEE MISSION PKW
SHAWNEE MISSION KS

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SD

PRYOR, SHIRLEY

2000 SHAWNEE MISSION PKW
SHAWNEE MISSION KS

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

PRYOR, FRED H

2000 SHAWNEE MISSION PKW
SHAWNEE MISSION, KS

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ANDERSON, DAN H

2209 WEST 125TH STREET
LEAWOOD KS

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AS

SANFORD, THOMAS

2000 SHAWNEE MISSION PARKWAY
SHAWNEE MISSION KS 66205

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), Florida Statutes. Further, I 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

✓ 1/31/95

Date

✓ 913 722-3990

System Phone #