

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

99 JUN 16 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36112 (1)

1. Corporation Name

PRYOR RESOURCES, INC.

Principal Place of Business

Mailing Address

2000 Shawnee Mission Parkway
Shawnee Mission, KS 66205

"Same"

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1991

4. FEI Number

48-0958046

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 owes the current year Intangible
Personal Property Tax. ☐ 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME LOVE, PHILIP R.
STREET ADDRESS 2000 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION, KS 66205

TITLE VD ☐ DELETE

NAME HAYS, MICHAEL B.
STREET ADDRESS 2000 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION, KS 66205

TITLE SD ☐ DELETE

NAME PRYOR, SHIRLEY
STREET ADDRESS 2000 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION, KS 66205

TITLE D ☐ DELETE

NAME PRYOR, FRED H.
STREET ADDRESS 2000 SHAWNEE MISSION PKW
CITY-ST-ZIP SHAWNEE MISSION, KS 66205

TITLE D ☐ DELETE

NAME ANDERSON, DAN H.
STREET ADDRESS 2209 WEST 125th STREET
CITY-ST-ZIP LEAWOOD, KS 66209

TITLE AS ☐ DELETE

NAME SANFORD, THOMAS
STREET ADDRESS 2000 SHAWNEE MISSION
CITY-ST-ZIP SHAWNEE MISSION, KS 66205

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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****550.00 ****550.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)