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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90253 040 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

DOCUMENT # P38172✓

1. Corporation Name

Century United Companies, Inc.

Principal Place of Business

Mailing Address

401 SW 30th  
 Topeka, KS 66611

3. Date Incorporated or Qualified

3a. Date of Last Report

03/27/92

5/1/98

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

48-1092507

Suite, Apt. #, etc.

Suite, Apt. #, etc.

\$8.75 Additional

Fee Required

22

27

City & State

City & State

6. Election Campaign Financing

\$5.00 May Be

City & State

City & State

Trust Fund Contribution

Added to Fees

23

28

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s 199.032.

24

25

29

30

Zip

Country

Zip

Country

Florida Statutes

Yes

X

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System  
 1200 S Pine Island Rd  
 Plantation, FL 33324

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 PD  
 NAME Wood, Melvin D.  
 STREET ADDRESS 401 SW 30th, Topeka, KS 66611  
 CITY-ST-ZIP

TITLE STD  
 NAME Hanson, Marshall  
 STREET ADDRESS 401 SW 30th, Topeka, KS 66611  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do 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: *Melvin D. Woods Pres*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99  
 Date

785-267-4555  
 Daytime Phone