FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833438 (5)

1. Corporation Name
FRU-CON CONSTRUCTION CORPORATION

Principal Place of Business	Mailing Address
15933 CLAYTON RD BALLWIN MO 63011	15933 CLAYTON RD BALLWIN MO 63011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1974
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: 43-0280590 ☐ 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 validly elected intangible tax under S. 199.032, Florida Statutes ☑ 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 _____ NOTE: Registered Agent Signature required when reinstating. DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	BODNER, HERBERT	12 NAME	BARRY, JAMES	
STREET ADDRESS	3739 SAWMILL ROAD	13 STREET ADDRESS	2237 RIDGLEY WOODS DR	
CITY-ST-ZIP	PACIFIC MO	14 CITY-ST-ZIP	CHESTERFIELD MO 63005	
TITLE	CFOD	21 TITLE		☑ Change ☐ Addition
NAME	SAUER, PAUL	22 NAME		
STREET ADDRESS	16183 WILSON MANOR DR	23 STREET ADDRESS		
CITY-ST-ZIP	CHESTERFIELD MO	24 CITY-ST-ZIP	63005	
TITLE	V	31 TITLE	V	☑ Change ☐ Addition
NAME	DRAWE, STEPHEN	32 NAME	AMSDEN, DAN	
STREET ADDRESS	822 EAGLE BROOK	33 STREET ADDRESS	1415 THOMAS MASON PL.	
CITY-ST-ZIP	MANCHESTER MO	34 CITY-ST-ZIP	MANCHESTER MO 63011	
TITLE	SVT	41 TITLE		☑ Change ☐ Addition
NAME	KOCHANNEK, JUERGEN	42 NAME		
STREET ADDRESS	6 JENNYCLIFFE LANE	43 STREET ADDRESS	2634 VALLEY	
CITY-ST-ZIP	CHESTERFIELD MO	44 CITY-ST-ZIP	63005	
TITLE	S	51 TITLE		☑ Change ☐ Addition
NAME	RUZICKA, LEONARD R. JR.	52 NAME		
STREET ADDRESS	1947 SUNNY DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	KIRKWOOD MO	54 CITY-ST-ZIP	63122	
TITLE	AS	61 TITLE		☑ Change ☐ Addition
NAME	EFTHIM, DENNIS	62 NAME		
STREET ADDRESS	221 VALLEY OAK COURT	63 STREET ADDRESS		
CITY-ST-ZIP	BALLWIN MO	64 CITY-ST-ZIP	63021	

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 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: D. Efthim 4-28-95 314-391-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400040 FN