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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 63011-2146

3. Date Incorporated or Qualified: **12/03/1974**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 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 liability for 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARRY, JAMES		1.2 NAME	
STREET ADDRESS	2237 RIDGLEY WOOD DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SAUER, PAUL		2.2 NAME	
STREET ADDRESS	16183 WILSON MANOR DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	AMSDEN, DAN		3.2 NAME	
STREET ADDRESS	1415 THOMAS MASON PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO		3.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KOCHANNEK, JUERGEN		4.2 NAME	
STREET ADDRESS	2634 VALLEY		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO		4.4 CITY-ST-ZIP	
TITLE	SV	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RUZICKA, LEONARD R. JR.		5.2 NAME	
STREET ADDRESS	1947 SUNNY DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	KIRKWOOD MO		5.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EFTHIM, DENNIS		6.2 NAME	
STREET ADDRESS	221 VALLEY OAK COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP	BALLWIN MO		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: DENNIS EFTHIM AST Sec. 4/27/97 (314) 391-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0500480