

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 17 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 # F96000004289 (2)**

1. Corporation Name  
**TARLTON CORPORATION**



Principal Place of Business  
**5500 W PARK AVE  
 ST LOUIS MO 63110**

Mailing Address  
**5500 W PARK AVE  
 ST LOUIS MO 63110-1853**

3. Date Incorporated or Qualified  
**08/21/1996**

3a. Date of Last Report

4. FEI Number  
**43-0613116**

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

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

**FL**

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOC	<input type="checkbox"/> DELETE
NAME	ELSPERMAN, ROBERT P	
STREET ADDRESS	1103 CORRINGTON CT	
CITY - ST - ZIP	TOWN & COUNTRY MO 63011-2947	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	DISS, ROBERT D	
STREET ADDRESS	1239 GRAND ARMY RD	
CITY - ST - ZIP	LABADIE MO 63055	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KOENEMANN, KENT P	
STREET ADDRESS	31 BROOKMILL LANE	
CITY - ST - ZIP	TOWN & COUNTRY MO 63017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEBELHUTH, RONALD F	
STREET ADDRESS	7401 WHITEHAVEN	
CITY - ST - ZIP	GRANTWOOD VILLAGE MO 63123	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOORE, DAVID R	
STREET ADDRESS	9426 FIREBUSH	
CITY - ST - ZIP	ST LOUIS MO 63126	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FISHER, JOHN J	
STREET ADDRESS	300 DIETRICH	
CITY - ST - ZIP	BALLWIN MO 63021	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SISS, ROBERT D</b>
2.3 STREET ADDRESS	<b>SAME ADDRESS</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *J.J. Fisher* SECRETARY/TREASURER 3146476000

CR2E034 (9/96)