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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

DOCUMENT # J16871

(2)

BUSCH PROPERTIES OF FLORIDA, INC.

| <b>,</b>                |  |
|-------------------------|--|
| Mailing Address         | 1 NOBINIE BIOR PLOTO DEPAR HOND HEBBE KIEN BIORI BIDIN ORDER DETER D |
| 6817 WESTWOOD ROLLEVOOD |  |

**FILED** 

Feb 04 1997 8:00am

Secretary of State

| 8917 WESTWOOD BOULEVORD<br>ORLANDO FL 32821 |   | 6817 WESTWOOD BOULEVORD<br>ORLANDO FL 32821 |   |  |  |  |             |               |
|---|---|---|---|--|--|--|-------------|---------------|
|   |   |   |   | 3. Date Incorporated or Qualified 05/30/1986 | 3a. Date of Last Report<br>02/21/1996        |  |             |               |
| 2. Principal P                              | face of Business  | 2a. Mailing Address                         |   |  | 4. FEI Number                                | —————————————————————————————————————— |             | oplied For    |
| 21  |   | 26  |   |  | 59-2679044                                   |  | No          | ot Applicable |
| Suite, Apit.                                | #, etc  | Suite, Apt. #, etc.                         |   |  |  | П (                                    | 8.75        | Additional    |
| 22  |   | 27  |   |  | Certificate of Status Desired                |  |             | equired       |
| City & State                                | e   | City & State                                | *************************************** |  | 6. Election Campaign Financing               |  | \$5.00      | May Be        |
| 23  |   | 28  |   |  | Trust Fund Contribution                      |  |             | to Fees       |
| Zip   | Country   | Zip   | Countr                                  | 'y   | 8. This corporation has liability for i      | ntangible tax                          | under s     | 199.032,      |
| 24  | 25  | 29  | 30                                      |  |  | Yes 🚺                                  |             |               |
|   | 9. Name and Address of Curr   | ent Registered Agent                        |   |  | 10. Name and Address of New Re               | gistered Age                           | <i>i</i> nt |               |
| CT (  | CORPORATION SYSTEM  |   | 8.                                      | Name   |  |  |             |               |
|   | O S. PINE ISLAND ROAD   |   | 82                                      | Stroot /                                     | Address (P.O. Box Number is Not Acceptab     | lo)                                    |             |               |
|   | NTATION FL. 33324   |   | D.                                      | 300007                                       | Address (1.10), box Normber is Not Acceptate | 110)                                   |             |               |
| 154   | ***************************************                                       |   | B:                                      | 3  |  | ·                                      |             |               |
|   |   |   |   |  |  |  |             |               |
|   |   |   | 8                                       | City   |  | FL <sup>l'</sup>                       | 35 Zip      | Code          |
| 11 Pursuant                                 | to the provisions of Sections 607.0   | 502 and 607 1508. Florida Statut            | tes the abou                            | ve-named                                     | corporation submits this statement for the p |  | anging t    | ts registered |
| agent. La                                   | registered agent, or both, in the sta<br>im familiar with, and accept the obl | igations of, Section 607,0505, Flo          | orida Statute                           | es.  | oration's board of directors. I hereby accep |  | Jirein as   | : Leðizielen  |
|   | Signature, typed or printed name of registered a                              |   |   | gent signature                               | required when reinstating)                   | DATE                                   |             | <del></del>   |
| 12.   | OFFICERS A  | ND DIRECTORS                                | 13.                                     |  | ADDITIONS/CHANGES TO OFFIC                   |  |             |               |
| TITLE                                       | P   | X DELETE                                    | 1,1 TITLE                               |  | P  | LX.                                    | Change      | Addition      |
| NAME  | HARRIS, JAMES L.  |   | 1.2 NAME                                |  | Martz, John C.                               |  | _           |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   | 1.3 STREE                               | ET ADDRESS                                   | 8000 Maryland Ave.                           |  | e 35        | 0             |
| CITY-S1-ZIP                                 | ST. LOUIS MO  |   | 1.4 CITY                                | ST-ZIP                                       | Clayton MO 63105-37                          |  |             |               |
| TITLE                                       | T   | <b>₩</b> DELETE                             | 2.1 TITLE                               |  | T  | X                                      | Change      | Addition      |
| NAME  | THAYER, GERALD C.   |   | 2.2 NAME                                | :  | Kimmins, William J.                          |  |             |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   | 2.3 STRE                                | ET ADDRESS                                   | One Busch Place                              | <del>.</del>                           |             |               |
| CITY-ST-ZIP                                 | ST. LOUIS MO  |   | 2. 4 CITY                               | -ST-ZiP                                      | St. Louis MO 63118                           |  |             |               |
| TITLE                                       | CD  | <b>Ž</b> DELETE                             | 3.1 TITLE                               |  |  | K                                      | Change      | Addition      |
| NAME  | LINTZ, RICHARD D.   | _   | 3.2 NAMI                                | ì  | C  |  | -           |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   |   | ET ADDRESS                                   | Rammes, William L.                           |  |             |               |
|   | ST. LOUIS MO  |   |   |  | One Busch Place                              |  |             |               |
| CITY-SI-ZIP<br>TITLE                        | U SI. LOUIS MO  | X DELETE                                    | 3.4. CITY<br>4.1 TITLE                  |  | St. Louis MO 63118                           | X                                      | Change      | Addition      |
| l   | MADES IOUNIO ID   | ISM DECLIE                                  |   | Į.   | V  | CA.                                    | + ALKERING  | AUGINON       |
| NAME  | MARTZ, JOHN C., JR.   |   | 4. 2 NAM                                |  | Van Slyke, Richard                           |  |             |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   | 4.3 STRE                                | et address                                   | 6817 Westwood Blvd                           | _                                      |             |               |
| CITY - S1 - ZIP                             | ST. LOUIS MO  |   | 4.4 CITY                                |  | Orlando FL 32821                             |  | T ==        | - T-1 :       |
| TITLE                                       | 8   | DELETE                                      | 5.1 TITLE                               |  | Crraince th orost                            | L                                      | Change      | Addition      |
| NAME  | REEVES, LAURA H.  |   | 5.2 NAM                                 | [  |  |  |             |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   | 5.3 STRE                                | ET ADDRESS                                   |  |  |             |               |
| CITY-S1-ZIP                                 | ST. LOUIS MO  |   | 5.4 CITY                                | -ST-ZIP                                      |  |  |             |               |
| TITLE                                       | TC  | X DELETE                                    | 6.1 TITLE                               |  | TC   | X                                      | Change      | Addition      |
| NAME  | WUNDERLICH, ALBERT R.   |   | 6.2 NAMI                                | .  | Castagno, John D.                            |  |             |               |
| STREET ADDRESS                              | ONE BUSCH PLACE   |   | •                                       | ET ADDRESS                                   | One Busch Place                              |  |             |               |
| DIME T PRODUCTS                             | et louis Mo   |   | 0.000                                   |  | St Louis MO 62110                            |  |             |               |

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:** 

1/22/97

314-577-2359

# **BUSCH PROPERTIES OF FLORIDA. INC.**

(Business Address: One Busch Place, St. Louis, MO 63118)

## **OFFICERS**

William L. Rammes

Chairman of the Board

John C. Martz, Jr.

President

Richard N. Van Slyke

Vice President

Laura H. Reeves William J. Kimmins Secretary

Treasurer

Richard N. Hill

John D. Castagno

Assistant Treasurer and Assistant Secretary

Tax Controller

## **DIRECTOR**

William L. Rammes

Effective 5/21/96