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 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **181473** **(0)**

1. Corporation Name

PURITAN AGENCY OF FLORIDA INC.

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102	255 ALHAMBRA CIR. 9TH FL CORAL GABLES FL 33134-5102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified 11/04/1954	3a. Date of Last Report 04/20/1994
4. FEI Number 38-1710539	☐ 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/will be engaged in business as defined by Florida Statutes. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KERRIGAN, JUANITA I. 255 ALHAMBRA CIRCLE 9TH FL CORAL GABLES FL 33134	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 607.1908, Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~VT~~	11 TITLE	☐ Change ☐ Addition
NAME	~~VANOPOULOS, JOHN J~~	12 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	13 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.	22 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	23 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	MCNAIRY, CHARLES	32 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	33 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	KERRIGAN, JUANITA	42 NAME	
STREET ADDRESS	255 ALHAMBRA CIR.	43 STREET ADDRESS	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	T SOPSHIN, JEFFREY
STREET ADDRESS		53 STREET ADDRESS	255 ALHAMBRA CIRCLE
CITY ST ZIP		54 CITY ST ZIP	CORAL GABLES, FL.
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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: Juanita I. Kerrigan, Secretary 4/20/95 (305)442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA I. KERRIGAN

0141043 CP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # 182534 (8)

1. Corporate Name

EBSS-SOUTH, INC.

Principal Place of Business	Mailing Address
501 NORTH BROADWAY ST. LOUIS MO 63102 US	P.O BOX 14445 ST. LOUIS MO 63178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1955
3a. Date of Last Report: 04/27/1994
4. FEI Number: 43-0696280 — 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 / 2a. Mailing Address: 21, 22 Suite, Apt. # etc., 23 City & State, 24 Zip, 25 Country, 26, 27 Suite, Apt. # etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
STE - 105
TALLAHASSEE FL 32301

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	MCCAIN, THOMAS K	NAME	
STREET ADDRESS	501 NORTH BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 0	CITY-ST-ZIP	
TITLE	DT	TITLE	☒ Change ☐ Addition
NAME	WEEKS, LEE G.	NAME	DAVID COOPER
STREET ADDRESS	501 NORTH BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 0	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	SACHS, ALAN	NAME	
STREET ADDRESS	501 NORTH BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 0	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SNEIDER, MARTIN	NAME	
STREET ADDRESS	501 NORTH BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS, MO 0	CITY-ST-ZIP	
TITLE	PD	TITLE	☒ Change ☐ Addition
NAME	NEWMAN, ANDREW	NAME	ALAN MILLER
STREET ADDRESS	501 NORTH BROADWAY	STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	CITY-ST-ZIP	
TITLE		TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		NAME	NEWMAN, ANDREW
STREET ADDRESS		STREET ADDRESS	501 N BROADWAY
CITY-ST-ZIP		CITY-ST-ZIP	ST LOUIS, MO

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 [illegible] 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: Thomas McCain — VP — 4/21/95 — 314 331-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Thomas McCain