SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **397157** **(9)**

1. Corporation Name
SUGARMILL WOODS, INC.

Principal Place of Business	Mailing Address
8120 S. SUNCOAST BLVD. HOMOSASSA FL 34446 US	515 OLIVE STE 1400 ST LOUIS MO 63101 US

3. Date Incorporated or Qualified: **03/09/1972**
3a. Date of Last Report: **08/03/1995**

2. Principal Place of Business 21	2a. Mailing Address 26: 212 South Central
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27: Suite 100
City & State 23	City & State 28: St. Louis, MO
Zip 24 / Country 25	Zip 29: 63105 / Country 30

4. FEI Number: **59-1440671** ☐ 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
JAMES E MOORE III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

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 _____ (If changing Registered Agent, Signature of New Registered Agent required where indicated) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHIFFER, LAURENCE A 515 OLIVE ST, SUITE 1400 ST LOUIS MO	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP		☑ Change ☐ Addition 212 South Central, Suite 100 St. Louis, Mo 63105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LOVE, ANDREW S. JR. 515 OLIVE ST, STE 1400 ST. LOUIS MO	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☑ Change ☐ Addition 212 South Central, Suite 100 St. Louis, MO 63105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHIFFER, RODNEY M. 515 OLIVE ST, STE 1400 ST LOUIS MO	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☑ Change ☐ Addition 212 South Central, Suite 100 St. Louis, MO 63105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CLEMENT, GLORIA D. 515 OLIVE ST, STE 1400 ST LOUIS MO	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☑ Change ☐ Addition 212 South Central, Suite 100 St. Louis, MO 63105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gloria D. Clement GLORIA D. CLEMENT 8/5/96 (314) 512-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184447 FP