

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 446323

(8)

1. Corporation Name

F & C OF ORLANDO, INC.



Principal Place of Business

Mailing Address

C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118

C/O CORPORATE TAX DEPARTMENT  
ONE BUSCH PLACE  
ST. LOUIS MO 63118

2. Principal Place of Business

2a. Mailing Address

21 State Apt. #, etc.

26 State Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/14/1974

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1510729

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person authorized to execute this report on behalf of the corporation

Signature of the registered agent, or a person authorized to execute this report on behalf of the registered agent

Date

12. OFFICERS AND DIRECTORS

|                      |                       |                                 |
|----------------------|-----------------------|---------------------------------|
| 11.1 TITLE           | P                     | <input type="checkbox"/> DELETE |
| 11.2 NAME            | DAVIS, WILLIAM A      |                                 |
| 11.3 STREET ADDRESS  | ONE BUSCH PLACE       |                                 |
| 11.4 CITY-STATE-ZIP  | ST. LOUIS MO          |                                 |
| 11.5 TITLE           | TC                    | <input type="checkbox"/> DELETE |
| 11.6 NAME            | WUNDERLICH, ALBERT R. |                                 |
| 11.7 STREET ADDRESS  | ONE BUSCH PLACE       |                                 |
| 11.8 CITY-STATE-ZIP  | ST. LOUIS MO          |                                 |
| 11.9 TITLE           | S                     | <input type="checkbox"/> DELETE |
| 11.10 NAME           | REEVES, LAURA H.      |                                 |
| 11.11 STREET ADDRESS | 125 CRESTWOOD AVENUE  |                                 |
| 11.12 CITY-STATE-ZIP | ST. LOUIS MO          |                                 |
| 11.13 TITLE          | D                     | <input type="checkbox"/> DELETE |
| 11.14 NAME           | ROBERTS, JOHN B.      |                                 |
| 11.15 STREET ADDRESS | ONE BUSCH PLACE       |                                 |
| 11.16 CITY-STATE-ZIP | ST. LOUIS MO          |                                 |
| 11.17 TITLE          | T                     | <input type="checkbox"/> DELETE |
| 11.18 NAME           | THAYER, GERALD C.     |                                 |
| 11.19 STREET ADDRESS | ONE BUSCH PLACE       |                                 |
| 11.20 CITY-STATE-ZIP | ST. LOUIS MO          |                                 |
| 11.21 TITLE          | AT                    | <input type="checkbox"/> DELETE |
| 11.22 NAME           | HILL, RICHARD N.      |                                 |
| 11.23 STREET ADDRESS | ONE BUSCH PLACE       |                                 |
| 11.24 CITY-STATE-ZIP | ST. LOUIS MO          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY-STATE-ZIP  |                                                                   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY-STATE-ZIP  |                                                                   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY-STATE-ZIP |                                                                   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY-STATE-ZIP |                                                                   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |                                                                   |
| 13.19 STREET ADDRESS |                                                                   |
| 13.20 CITY-STATE-ZIP |                                                                   |

Schedule Attached

14. I 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)(a), 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:

*Laura Reeves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura H. Reeves, Secretary

2/8/96

314-577-2359

CR2E034 (12/95)

**F & C OF ORLANDO, INC.**

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

**OFFICERS**

|                      |                          |
|----------------------|--------------------------|
| William A. Davis     | President                |
| Laura H. Reeves      | Secretary                |
| Thomas L. Corrigan   | Assistant Secretary      |
| William J. Kimmins   | Treasurer                |
| Richard N. Hill      | Assistant Treasurer      |
| Albert R. Wunderlich | Tax Controller           |
| John D. Castagno     | Assistant Tax Controller |

**DIRECTOR**

John B. Roberts

Effective 5/16/95