CORPORATION
ANNUAL REPORT
1995

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

FILED
95 AUG -3 AM 9:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 531974 (4)

1. Corporation Name
PUNTA GORDA ISLES SALES, INC.

Principal Place of Business	Mailing Address
1625 WEST MARION AVENUE PUNTA GORDA FL 33950-5276	1625 WEST MARION AVENUE PUNTA GORDA FL 33950-5276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1977
3a. Date of Last Report: 06/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-1745266 ☐ 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 part of an affiliated group

9. Name and Address of Current Registered Agent

MCQUEEN, PAULA F.
1625 W. MARION AVE.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: JAMES E. MOORE III
82 Street Address (P.O. Box Number is Not Acceptable): 1625 W MARION AVE
83: SUITE 2
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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: [signature] JAMES E. MOORE III 5/8/95
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPO	11 TITLE	☒ Change	☐ Addition
NAME	MCQUEEN, PAULA F.	12 NAME	DELETE	
STREET ADDRESS	1625 W. MARION AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA,FL 00000	14 CITY-ST-ZIP		
TITLE		21 TITLE	☐ Change	☒ Addition
NAME		22 NAME	P and D	
STREET ADDRESS		23 STREET ADDRESS	Laurence A. Schiffer	
CITY-ST-ZIP		24 CITY-ST-ZIP	515 OLIVE STREET, SUITE 1400	
			ST LOUIS, MO 63101	
TITLE		31 TITLE	☐ Change	☒ Addition
NAME		32 NAME	S and D	
STREET ADDRESS		33 STREET ADDRESS	Andrew S. Love, Jr.	
CITY-ST-ZIP		34 CITY-ST-ZIP	515 OLIVE STREET, SUITE 1400	
			ST LOUIS, MO 63101	
TITLE		41 TITLE	☐ Change	☒ Addition
NAME		42 NAME	VP	
STREET ADDRESS		43 STREET ADDRESS	RODNEY M SCHIFFER	
CITY-ST-ZIP		44 CITY-ST-ZIP	515 OLIVE STREET, SUITE 1400	
			ST LOUIS, MO 63101	
TITLE		51 TITLE	☐ Change	☒ Addition
NAME		52 NAME	AS and T	
STREET ADDRESS		53 STREET ADDRESS	GLORIA D. CLEMENT	
CITY-ST-ZIP		54 CITY-ST-ZIP	515 OLIVE STREET, SUITE 1400	
			ST LOUIS MO 63101	
TITLE		61 TITLE	☐ Change	☒ Addition
NAME		62 NAME	Assistant Treasurer	
STREET ADDRESS		63 STREET ADDRESS	ANNETTE M. WEBB	
CITY-ST-ZIP		64 CITY-ST-ZIP	515 OLIVE STREET, SUITE 1400	
			ST LOUIS, MO 63101	

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: Rodney M. Schiffer 5-10-95 314-982-0780
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0320314 CP