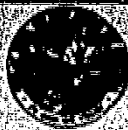


**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 531974

(4)

1. Corporation Name

PUNTA GORDA ISLES SALES, INC.

FILED

95 AUG -3 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business

**1625 WEST MARION AVENUE
PUNTA GORDA FL 33950-5276**

Mailing Address

**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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1745266

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when substituting)

JAMES E. MOORE III

5/8/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VP

NAME

MCQUEEN, PAULA F.

STREET ADDRESS

1625 W. MARION AVE.

CITY - ST - ZIP

PUNTA GORDA, FL 00000

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

DELETE

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

MCQUEEN, PAULA F.

1625 W. MARION AVE.

PUNTA GORDA, FL 00000

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

P and D

Laurence A. Schiffer

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S and D

Andrew S. Love, Jr.

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

S and D

Andrew S. Love, Jr.

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

RODNEY M SCHIFFER

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

VP

RODNEY M SCHIFFER

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS and T

GLORIA D. CLEMENT

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

AS and T

GLORIA D. CLEMENT

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Assistant Treasurer

ANNETTE M. WEBB

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Assistant Treasurer

ANNETTE M. WEBB

515 OLIVE STREET, SUITE 1400

ST LOUIS, MO 63101

☐ Change ☒ Addition

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 jointee 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 TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #