**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

FILED
Mar 26 1997 8:00am
Secretary of State

DOCUMENT # **542760** **(4)**

1. Corporation Name
**HBE-FLORIDA CORPORATION**

Principal Place of Business
**11330 OLIVE ST**
**ST LOUIS MO 63141-7149**
**US**

Mailing Address
**11330 OLIVE ST**
**ST LOUIS MO 63141-7149**
**US**

3. Date Incorporated or Qualified: **08/10/1977**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1761020** 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
**CT CORPORATION SYSTEM**
**1200 S. PINE ISLAND ROAD**
**PLANTATION FL 33324**

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, 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | **PDT** | ☐ DELETE |
| NAME | **KUMMER, FRED S.** | |
| STREET ADDRESS | **11 SQUIRES LANE** | |
| CITY-ST-ZIP | **ST. LOUIS MO** | |
| TITLE | **SDV** | ☐ DELETE |
| NAME | **KUMMER, JUNE M.** | |
| STREET ADDRESS | **11 SQUIRES LANE** | |
| CITY-ST-ZIP | **ST. LOUIS MO** | |
| TITLE | **AS** | ☐ DELETE |
| NAME | **KOESTER, ROBERT H.** | |
| STREET ADDRESS | **1234 S GLENWOOD LN** | |
| CITY-ST-ZIP | **KIRKWOOD MO** | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | ☐ Change ☐ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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:** ROBERT H. KOESTER 314-567-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0483252