## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90087 031 \*\*\*150.00

## DOCUMENT # 803601

**HUSSMANN CORPORATION** 

Principal Place of Business		Mailing Address				<b>─</b> ''''	<b>1484 IN</b> 114 <b>08100</b> 1111 <b>0</b> 0141		01 <b>0</b> 11 <b>0</b> 1011	8)81) PIQ	#14    #B
C/O TAX DEPARTMENT		C/O TAX DEPARTMENT									
12999 ST. CHARLES ROCK RD		12999 ST. CHARLES ROCK RD					DO NOT W	VRITE IN THE	SOACI	=	
BRIDGETON MO 63044		BRIDGETON MO 63044				2 Data Inc	corporated or Qualit			-	
						11/23/	•	eu			
	lace of Business	2a. Mailing Address				4. FEI Nun			<u> </u>	Ann	lied For
	lace of business	<b>⊢</b> •				43-015			-	+ • •	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.							\$8.		ditional
22		27				5. Certifcal	te of Status Desired	1 🗆	Fe	e Req	uired
City & State		City & State				6. Election	Campaign Financi	ng _	\$5	.00 N	lay Be
23		28				I.	ind Contribution	🗆		ded to	
Zip	Country	Žip	Count	try		8. This cor	poration owes the	current year Ir	tangible		
24	25	29	30	_			I Property Tax.		Yes	<u> </u>	□No
	9. Name and Address of Curren	t Registered Agent				10. Name a	nd Address of Ne	w Registered	Agent		
	CONCORTION OVOTER		3	B1   N	lame						
	CORPORATION SYSTEM		ε	<b>B2</b> S	treet Addr	ress (P.O. Box I	Number is Not Acc	eptable)			
	S. PINE ISLAND ROAD										
PLAN	NTATION FL 33324		8	83							
			5	84 (	City				85	Zip Co	ode
				Ì	•			FI	-   1		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statute	es, the abo	ove-na	amed corp	oration submits	this statement for	the purpose o	f changi	ng its n	egistered
arrice or r				hu the						as redi	ısterea
agent. I a	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized t rida Statut	by the	corporation	Oirs board or di	rectors. I nereby at	veht me appo	munem	as regi	istered
agent. I a	egistered agent, or both, in the state in familiar with, and accept the obligation	of Florida. Such change was au tions of, Section 607.0505, Flor	uthorized t rida Statut	by the	corporation	on s board or di	rectors. Thereby ac		munem	as regi	istered
agent. I a	m familiar with, and accept the obligation of signature, typed or printed name of registered ager	tions of, Section 607.0505, Flor	: Registered A	by the les.	corporation	ed when reinstating)		DATE	manent	as regi	
agent. I all SIGNATURE	m familiar with, and accept the obliga Signature, typed or printed name of registered ager OFFICERS AN	tions of, Section 607.0505, Floring and title if applicable.  (NOTE: ID DIRECTORS	Registered A	by the	corporation	ed when reinstating)	NS/CHANGES TO	DATE	ND DIR	ECTOR	RS IN 12
agent. I all SIGNATURE  12.  TITLE	im familiar with, and accept the obligation of t	tions of, Section 607.0505, Flor	Registered A	by the les.	corporation	ed when reinstating)		DATE	manent	ECTOR	
agent. I all SIGNATURE  12.  TITLE  NAME	or familiar with, and accept the obligation of t	tions of, Section 607.0505, Floring and title if applicable.  (NOTE: ID DIRECTORS	Registered A  13. 1.1 TITL 1.2 NAM	by the les. gent sig	nature require	ed when reinstating)		DATE	ND DIR	ECTOR	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD	tions of, Section 607.0505, Floring and title if applicable.  (NOTE: ID DIRECTORS	Registered A  13. 1.1 TITL 1.2 NAM  1.3 STRI	by the les.  Gent sig	nature require	ed when reinstating)		DATE	ND DIR	ECTOR	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO	tions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered A  13.  1.1 TITL  1.2 NAM  1.3 STRI  1.4 CITY	by the les.  Igent sig	nature require	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP	tions of, Section 607.0505, Floring and title if applicable.  (NOTE: ID DIRECTORS	Registered A  13. 1.1 TITL  1.2 NAM  1.3 STRI  1.4 CITY  2.1 TITLI	by the les.  Gent sig  E  ME  Y-ST-ZI	nature require	ed when reinstating)		DATE	ND DIR	ECTOF ange	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S.	tions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM	E ALEET AD	nature require	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD	tions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	E AEET AD	DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO	tions of, Section 607.0505, Flor	Registered A  13. 1.1 TITL 12 NAM 1.3 STRI 1.4 CITY 2.1 TITL 22 NAM 2.3 STRI 2.4 CITY 2.4 CITY	E AEET ADI	DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12 Addition
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP	tions of, Section 607.0505, Flor int and title if applicable. (NOTE: ID DIRECTORS  DELETE	Registered A   13.	E AEET ADI LEET ADI L	DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN	tions of, Section 607.0505, Flor	Registered A   13.	E AEET ADI LEET ADI L	DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12 Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD	tions of, Section 607.0505, Flor	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.4 CITY 3.1 STRI 3.2 NAM 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI 3.3 STRI	E EEET AD	DRESS DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange	RS IN 12 Addition
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO	tions of, Section 607.0505, Flor	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 3.4 CITY 3.4 CITY 3.5 TATL 3.6 CITY 3.7 TATL 3.7 TA	by the less.  E AE EEET AD TO THE LEET AD	DRESS DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT	tions of, Section 607.0505, Flor	Registered A   13.	by the less.  E ME LEET AD LEE	DRESS DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME	Figurature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L.  12999 ST CHARLES RK RD BRIDGETON MO  VP GLEASON, J.S.  12999 ST CHARLES RK RD BRIDGETON MO  SVP  SCHLEE, JOHN  12999 ST CHARLES RK RD BRIDGETON MO  VPT  SNAVELY, C R	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM	E ME LEET AD L	DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STRI 4.3 STR	E GEET AD A SEEET AD A SEET AD A SEEET AD A SEE	DRESS P DRESS P DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange	RS IN 12 Addition Addition
agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI	tions of, Section 607.0505, Flor  It and title if applicable. (NOTE: ID DIRECTORS  DELETE  DELETE  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STRI 4.4 CITY 4.4 CITY 4.4 CITY	E ALE LEET AD	DRESS P DRESS P DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI SVP	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:  ID DIRECTORS  DELETE  DELETE  DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STRI 4.4 CITY 5.1 TITL 5.1 TIT	E ALE ELEET ADD	DRESS P DRESS P DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI SVP NEWMAN, M.D.	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:    D DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAA 4.3 STRI 4.4 CITY 4.4 CITY 4.4 CITY	E ALE LEET AD	DRESS P DRESS P DRESS P DRESS	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI SVP NEWMAN, M.D. 12999 ST. CHARLES ROACK F	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:    D DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.	E ALE LEET AD A ELECT	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI SVP NEWMAN, M.D.	tions of, Section 607.0505, Floring and title if applicable.  (NOTE:   DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM	E ALE LEET AD A LEET A LEET AD A LEET AD A LEET A LEET AD A LEET A LEET AD A LEET A LE	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition
Agent. I al SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN P VOWELL, J.L. 12999 ST CHARLES RK RD BRIDGETON MO VP GLEASON, J.S. 12999 ST CHARLES RK RD BRIDGETON MO SVP SCHLEE, JOHN 12999 ST CHARLES RK RD BRIDGETON MO VPT SNAVELY, C R 12999 ST CHARLES ROCK RD BRIDGETON MI SVP NEWMAN, M.D. 12999 ST. CHARLES ROACK F	tions of, Section 607.0505, Flor  at and title if applicable. (NOTE:    D DELETE	Registered A  13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 ACTIV 5.7 STRI 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.4 CITY 5.5 STRI 5.4 CITY 5.4 CITY 5.5 STRI 5.4 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.5 CITY 5.7 CIT	E ALE LEET AD A LEET A LE	DRESS P DRESS P DRESS P DRESS P	ed when reinstating)		DATE	ND DIRI	ECTOF ange ange ange	RS IN 12 Addition Addition Addition Addition

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

REQUIMYRANW. SHEETS