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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 815987 (3)

1. Corporation Name

POTASHNICK CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

HIGHWAY 74
P O BOX 190
CAPE GIRARDEAU MISSOURI 63702-0190
US

HIGHWAY 74
P O BOX 190
CAPE GIRARDEAU MISSOURI 63702-0190
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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 607.0502 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, typed or 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 PD
NAME CROSNO, JESSIE
STREET ADDRESS 6160 SW 15TH STREET
CITY-ST-ZIP PLANTATION FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T
NAME DREYER, LEONARD G
STREET ADDRESS 1008 OAKLAND
CITY-ST-ZIP JACKSON MO

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME ATKINSON, NAOMI R
STREET ADDRESS 729 W. RODNEY
CITY-ST-ZIP CAPE GIRARDEAU MO

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VSD
NAME UNDERWOOD, DENNIS R.
STREET ADDRESS 1909 PERRYVILLE ROAD
CITY-ST-ZIP CAPE GIRARDEAU MO

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CD
NAME DUNGER, LARRY E.
STREET ADDRESS 215 VICKI LYNE CIRCLE
CITY-ST-ZIP SCOTT CITY MO

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE VSD
NAME BROWN, LEROY
STREET ADDRESS ROUTE 2, TWIN LAKES
CITY-ST-ZIP CAPE GIRARDEAU MO

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Larry E. Dunger LARRY E. DUNGER

4/29/96

573-334-3081

Date:

Daytime Phone #

CR2E034 (12/95)