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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

Mailing Address

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

3. Date Incorporated or Qualified

02/12/1962

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

43-0686232

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 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

TITLE PD ☐ DELETE

NAME CROSNO, JESSIE
STREET ADDRESS 6180 SW 15TH STREET
CITY-ST-ZIP PLANTATION FL

TITLE T ☐ DELETE

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

TITLE S ☐ DELETE

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

TITLE VSD ☐ DELETE

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

TITLE CD ☐ DELETE

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

TITLE VSD ☐ DELETE

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

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

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:

Larry E. Dunger LARRY E. DUNGER

3/13/97

573 334-3081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)