

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FL020

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **824606** *(8) file fee - 200.00*

1. Corporation Name
LEMAY BUILDING CORPORATION



Principal Place of Business: **1830 CRAIG PARK COURT 101 ST. LOUIS MO 63146 US**

Mailing Address: **1830 CRAIG PARK COURT 101 ST. LOUIS MO 63146 US**

3. Date Incorporated or Qualified: **06/01/1970**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **43-6036042**

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **LAWRENCE, JOHN 449 IXONA CIRCLE RIDGEWOOD, MHP VENICE FL 34292**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	RENNER, LINDA	
STREET ADDRESS	1830 CRAIG PARK COURT	
CITY - ST - ZIP	ST LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, KAROLE R	
STREET ADDRESS	9 VOUGA ESTATE	
CITY - ST - ZIP	FRONTENAC, MO 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, MILDRED	
STREET ADDRESS	8320 DELCREST APT 3-D	
CITY - ST - ZIP	ST LOUIS, MO 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GREEN, THOMAS R	
STREET ADDRESS	9 VOUGA ESTATE	
CITY - ST - ZIP	FRONTENAC, MO 0	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ Date: *4-22-96* Daytime Phone: *314-878-5545*

CR2E034 (12/95)