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

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90113 010 ***150.00

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DOCUMENT # 824606

LEMAY BUILDING CORPORATION

Principal Plac	e of Business	Maifing Address				İ			
1830 CRAIG PA	ARK COURT	1830 CRAIG PARK COURT	•						
101		101			DO NOT WRITE IN THIS SPACE				
ST. LOUIS MO	63146	ST. LOUIS MO 63146 US				3. Date Incorporated or Qualifed		TOL	
US		03				06/01/1970			
3 54 4 15	New of Projects	2a. Mailing Address				4. FEI Number		1 4	pplied For
	lace of Business								lot Applicable
21	4 -1-	26 Suite Ant # ata				43-6036042			Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬			5. Certifcate of Status Desired			Additional Required
22		City & State							
City & Stat	e	City & State				6. Election Campaign Financing		·	May Be to Fees
23 Zin	Country	Zip	Cou	entr.		Trust Fund Contribution			to rees
Zip Country		⊢	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.			
24	25 0. Name and Address of Comment	29	30	1		10. Name and Address of New R			
	9. Name and Address of Current	Kedisteled Adent		81	Name	TO. Halle and Address of Now I	ogistered A	gone	
RAII	EY, WILLIAM C			[]					
	IXONA CIRCLE		82 Street Add			ddress (P.O. Box Number is Not Acceptable)			
1	EWOOD, MHP								
	ICE FL 34275			83					
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DE FL 342/3			84	City			85 Zip	Code
				1	-		<u> </u>		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statu	tes, the a	bove-	named corp	poration submits this statement for the	purpose of c	hanging it ment as r	s registered enistered
office or i	egistered agent, or both, in the State o im familiar with, and accept the obligati	ons of, Section 607.0505, Fi	authorized orida Stati	utes.	ie corporau	on's board of directors. Thereby accep	т пъ арропи	mont as i	ogiotered
-	and the second of the second								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT	E: Registered	Agent s	signature require	ed when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	VD	☐ DELETE	1.1 TI	TLE				Change	Addition
NAME	RENNER,LINDA		1.2 N	AME					
STREET ADDRESS	1830 CRAIG PARK COURT		1.3 \$1	TREET A	ADDRESS				
CITY-ST-ZIP	ST LOUIS MO		1.4 CF	1.4 CITY-ST-ZIP					
TILE	SD	☐ DELETE	2.1 TF					Change	☐ Addition
NAME	GREEN, KAROLE R		2.2 N	AME					
STREET ADDRESS	- MOUGA FOTATE				ADDRESS				
CITY-ST-ZIP	FRONTENAC, MO 0			ITY-ST-		• •			
TITLE	D	DELETE	3.1 TI		-211			☐ Change	☐ Addition
NAME	GREEN, MILDRED		3.2 NAM						—.
	8320 DELCREST APT 3-D				ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	ST LOUIS, MO 00000	[] DELETE		TY-ST-	-211			☐ Change	Addition
TITLE	P THOMAS B	l⊐ nere ie	4.1 TT					change	
NAME .	GREEN, THOMAS R		4. 2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	FRONTENAC, MO 0	D		TY-ST-	ZiP			Char	☐ Addition
TITLE		☐ DELETE	5.1 TT					Change	☐ Addition
NAME			5.2 N/						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE ,		☐ DELETE	6.1 Tr	TLE				Change	Addition
NAME	to the state of th		6.2 N	AME					
STREET ADDRESS			6.3 ST	TREET A	ADDRESS				
CITY-ST-ZIP)	6.4 CI	TY-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 suppliemental 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 of 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 atachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP