FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **827475** **(5)**

1. Corporation Name

DAVID SHERMAN CORPORATION

Principal Place of Business	Mailing Address
9050 KEMPER ST. LOUIS MO 63139 US	9050 KEMPER ST. LOUIS MO 63139 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/14/1972**
3a. Date of Last Report: **03/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **43-0736473** ☐ 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

DORAN, DON
3409 HOLLYHOCK WAY
TAMPA FL 33618

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LUX, PAUL A	12 NAME		
STREET ADDRESS	706 SPOEDE ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP		
TITLE	PT	21 TITLE		☐ Change ☐ Addition
NAME	LUX, DONN S	22 NAME		
STREET ADDRESS	34 HUNTLEIGH DOWNS	23 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO	24 CITY-ST-ZIP		
TITLE	AST	31 TITLE		☐ Change ☐ Addition
NAME	WAGSTAFF, LINDA A	32 NAME		
STREET ADDRESS	6017 STAELY	33 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☒ Change ☐ Addition
NAME	COLEMAN, SUSAN J	42 NAME		
STREET ADDRESS	6744 DEVONSHIRE	43 STREET ADDRESS	12300 RONNIE LANE	
CITY-ST-ZIP	ST LOUIS MO	44 CITY-ST-ZIP	ST. LOUIS, MO 63127	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	SOUCY, STEPHEN P.	52 NAME		
STREET ADDRESS	2 MAPLELEAF LANE	53 STREET ADDRESS		
CITY ST ZIP	BELLEVILLE IL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ STEPHEN P. SOUCY, VICE PRESIDENT 4/21/95 (314) 772-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468983 FP