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Apr 08 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 # 827475 (5)

1. Corporation Name

DAVID SHERMAN CORPORATION

Principal Place of Business

5060 KEMPER
ST. LOUIS MO 63139
US

Mailing Address

5060 KEMPER
ST. LOUIS MO 63139-1106
US



3. Date Incorporated or Qualified

02/14/1972

3a. Date of Last Report

04/03/1996

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, 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

DORAN, DON

~~3400 HOLLYHOCK WAY
TAMPA FL 33618~~

2805 W BUSCH BLVD
TAMPA FL 33618

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 of applicant or principal officer of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME LUX, PAUL A
STREET ADDRESS 706 SPOEDE ROAD
CITY-ST-ZIP ST LOUIS MO

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME LUX, DONN S
STREET ADDRESS 34 HUNTLEIGH DOWNS
CITY-ST-ZIP ST. LOUIS MO

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AST ☒ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WAGSTAFF, LINDA A
STREET ADDRESS 6017 STAELY
CITY-ST-ZIP ST LOUIS MO

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME COLEMAN, SUSAN J
STREET ADDRESS 12300 RONNIE LANE
CITY-ST-ZIP ST LOUIS MO

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE V ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME SOUCY, STEPHEN P.
STREET ADDRESS 2 MAPLELEAF LANE
CITY-ST-ZIP BELLEVILLE IL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE SOUCY/VICE PRESIDENT

4-3-97

314-772-2626

Date

Daytime Phone

0483360

CR2E034 (9/96)