**FILED FILE NOW: FILING FEE IS \$61.25** Apr 14 1997 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** (3)TACONY CORPORATION Principal Place of Business Mailing Address 1760 GILSINN UN. 1760 GILSINN LN. P.O.BOX 730 FENTON MO 63026 P.O.BOX 730 FENTON MO 63026-0730 3. Date Incorporated or Qualified 06/23/1972 04/26/1996 2. Principal Place of Business 2a. Mailing Address Applied For 43-0742269 26 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campalgn Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Ζip Country Country This corporation has liability for intengible tax under s. 199.032, Florida Statutes
Yes \quad No 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition HINDERER, H. WILLIAM III NAME 1.2 NAME 12386 COPPERSMITH COURT STREET ADDRESS 1.3 STREET ADDRESS ST. LOUIS MO CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TALE TITLE TACONY, KENNETH NAME 2.2 NAME 36 FAIR OAKS STREET ADDRESS 2.3 STREET ADDRESS ST LOUIS MO CITY-ST-ZIP 2.4 CITY+\$1-ZIP DELETE Addition TITLE 3.1 TITLE Change TACONY, KATHLEEN NAME 3.2 NAME 36 FAIR OAKS STREET ADDRESS **8.3 STREET ADDRESS** ST LOUIS MO CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE TD 4 1 100 F **TACONY, EMILY** NAME 4. 2 NAME 9433 FIREBUSH STREET ADDRESS 4.3 STREET ADDRESS ST LOUIS MO 4.4 CITY-ST-2IP CITY-ST-ZIP DELFTE Change Addition TITLE 5.1 TITLE BRIDGES, THOMAS L. NAME 5.2 NAME STREET ADDRESS 16 MARK DRIVE 5.3 STREET ADDRESS

64 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 privile comparation or the receives of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged) or on an attaction of the receives of the chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if charged in the chapter 617.

5.4 CITY- ST- ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

FAIRVIEW HEIGHTS IL

MALONEY, JOHN S.

**ELLISVILLE MO** 

511 AUTUMN OAKS DR

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Ever 1/P 4/4/97

2111349211

☐ Change ☐ Addition