

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 27 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 # 829294 (8)

1. Corporation Name
CENTRAL STATES DIVERSIFIED, INC.



Principal Place of Business Mailing Address
~~8322 MANCHESTER ROAD~~
~~ST. LOUIS MO 63119~~
~~8322 MANCHESTER ROAD~~
~~ST. LOUIS MO 63119-1450~~

3. Date Incorporated or Qualified 12/29/1972
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 21 5221 NATURAL BRIDGE AVE
22 St. Louis, MO
23 63115 ST. LOUIS
24 63115 ST. LOUIS
2a. Mailing Address 26 5221 NATURAL BRIDGE AVE
27 St. Louis, MO
28 63115 ST. LOUIS
29 63115 ST. LOUIS
4. FEI Number 43-0211630
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
~~STEPP, JAMES B~~ James M Reynolds
1400 REID STREET
PALATKA FL 32177
10. Name and Address of New Registered Agent
81 Name REYNOLDS, JIM
82 Street Address (P.O. Box Number is Not Acceptable)
1400 REID STREET
83
84 City PALATKA, FL 85 Zip Code 32177

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: James M Reynolds 3-24-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
FILE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWER, J. RUSSELL	1.2 NAME	
STREET ADDRESS	9322 MANCHESTER ROAD	1.3 STREET ADDRESS	
CITY, ST., ZIP	ST. LOUIS MO	1.4 CITY-ST-ZIP	
FILE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAENDER, CHARLES	2.2 NAME	
STREET ADDRESS	9322 MANCHESTER ROAD	2.3 STREET ADDRESS	
CITY, ST., ZIP	ST. LOUIS MO 63119	2.4 CITY-ST-ZIP	
FILE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY, JILL P.	3.2 NAME	
STREET ADDRESS	9322 MANCHESTER ROAD	3.3 STREET ADDRESS	
CITY, ST., ZIP	ST. LOUIS MO	3.4 CITY-ST-ZIP	
FILE	EV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AEBEL, CHARLES F.	4.2 NAME	
STREET ADDRESS	9322 MANCHESTER ROAD	4.3 STREET ADDRESS	
CITY, ST., ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
FILE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STABLER, WILLIAM H	5.2 NAME	
STREET ADDRESS	9322 MANCHESTER RD	5.3 STREET ADDRESS	
CITY, ST., ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
FILE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCH, STANLEY W	6.2 NAME	
STREET ADDRESS	9322 MANCHESTER ROAD	6.3 STREET ADDRESS	
CITY, ST., ZIP	ST. LOUIS MO 63119	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 as an attachment with an address.

SIGNATURE: Charles F. Aebel CHARLES F. AEBEL 2/26/97 314-261-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)