

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

**FILED**  
**Apr 08 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829294 (8)**

1. Corporation Name  
**CENTRAL STATES DIVERSIFIED, INC.**



Principal Place of Business <b>5221 NATURAL BRIDGE AVE                  ST. LOUIS MO 63115                  US</b>	Mailing Address <b>5221 NATURAL BRIDGE AV                  ST. LOUIS MO 63115                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 <b>P.O. BOX 1439</b>
22 Suite, Apt. #, etc.	27 <del>GREENVILLE, MS</del>
23 City & State	28 <b>GREENVILLE, MS</b>
24 Zip	29 <b>38702</b>
25 Country	30 Country

3. Date Incorporated or Qualified <b>12/29/1972</b>	
4. FEI Number <b>43-0211630</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**REYNOLDS, JIM  
 1400 REID STREET  
 PALATKA FL 32177**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>FLOWER, J. RUSSELL</b>	
STREET ADDRESS	<b>9322 MANCHESTER ROAD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAENDER, CHARLES</b>	
STREET ADDRESS	<b>9322 MANCHESTER ROAD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63119</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HARVEY, JILL P.</b>	
STREET ADDRESS	<b>9322 MANCHESTER ROAD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE
NAME	<b>AEBEL, CHARLES F.</b>	
STREET ADDRESS	<b>9322 MANCHESTER ROAD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STABLER, WILLIAM H</b>	
STREET ADDRESS	<b>9322 MANCHESTER RD</b>	
CITY-ST-ZIP	<b>ST LOUIS MO</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALCH, STANLEY W</b>	
STREET ADDRESS	<b>9322 MANCHESTER ROAD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63119</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>560 S. MAIN STREET</b>
1.4 CITY-ST-ZIP	<b>GREENVILLE, MS. 38701</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>560 S. MAIN STREET</b>
3.4 CITY-ST-ZIP	<b>GREENVILLE, MS. 38701</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>5221 NATURAL BRIDGE AVE</b>
4.4 CITY-ST-ZIP	<b>ST. LOUIS, MO. 63115</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-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 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: *Charles F. Abbel* **CHARLES F. AEBEL** 313-48 314-261-8000

CR2E034 (10/97)