# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **831763** **(8)**

1. Corporation Name

**KENNETH BALK & ASSOCIATES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1066 EXECUTIVE PKWY<br>STE 200<br>ST LOUIS MO 63141-6340<br>US | P.O. BOX 419038. N/A<br>ST. LOUIS MO 63141-9038<br>US |

3. Date Incorporated or Qualified: **02/05/1974**

3a. Date of Last Report: **05/01/1995**

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: **43-0786779** ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYS STREET**
**SUITE 105**
**TALLAHASSEE FL 32301**

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 607.1506, 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 changed

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 11 TITLE | V D | ☐ Change ☒ Addition |
| NAME | BALK, KENNETH | | 12 NAME | ERVIN H. BAUMEYER | |
| STREET ADDRESS | 135 MYSTIC MEADOWS | | 13 STREET ADDRESS | 2706 LAUREL GARDEN | |
| CITY-ST-ZIP | ST. LOUIS MO | | 14 CITY-ST-ZIP | KINGWOOD, TX 77339 | |
| TITLE | V | ☒ DELETE | 21 TITLE | V D | ☐ Change ☒ Addition |
| NAME | ~~VOGT, ROBERT~~ | | 22 NAME | WILLIAM L. SCHUCHAT | |
| STREET ADDRESS | ~~ROUTE 1, BOX 127~~ | | 23 STREET ADDRESS | 16475 DAPPLE GRAY CT | |
| CITY-ST-ZIP | ~~BOURBON MO~~ | | 24 CITY-ST-ZIP | ST. LOUIS, MO 63005 | |
| TITLE | VD | ☐ DELETE | 31 TITLE | V | ☐ Change ☒ Addition |
| NAME | SCHMIDT, GARY | | 32 NAME | EDGAR C. ESLINGER | |
| STREET ADDRESS | 1692 MASON KNOLL COURT | | 33 STREET ADDRESS | 1242 TICONDEROGA | |
| CITY-ST-ZIP | ST. LOUIS MO | | 34 CITY-ST-ZIP | ST. LOUIS, MO 63017 | |
| TITLE | V | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | BRAIG, CHARLES | | 42 NAME | | |
| STREET ADDRESS | 5364 KINGS PARK DRIVE | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | ST. LOUIS MO | | 44 CITY-ST-ZIP | | |
| TITLE | TS | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | GOSSETT, STEPHEN | | 52 NAME | | |
| STREET ADDRESS | 525 CEDAR COVE CT | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | MANCHESTER MO | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

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)(k), 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 C Gossett 4/15/96 314-576-2021

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEPHEN C. GOSSETT