

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90078 002 \*\*\*150.00

DOCUMENT # 831763

1. Corporation Name

KENNETH BALK & ASSOCIATES, INC.

Principal Place of Business

1066 EXECUTIVE PKWY  
STE 200  
ST LOUIS MO 63141-6340  
US

Mailing Address

P.O. BOX 419038 N/A  
ST. LOUIS MO 63141-9038  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1974

4. FEI Number

43-0786779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ 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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BALK, KENNETH  
STREET ADDRESS 135 MYSTIC MEADOWS  
CITY-ST-ZIP ST. LOUIS MO

TITLE VD ☐ DELETE

NAME BAUMEYER, ERVIN H  
STREET ADDRESS 2706 LAUREL GARDEN  
CITY-ST-ZIP KINGWOOD TX

TITLE VD ☐ DELETE

NAME SCHMIDT, GARY  
STREET ADDRESS 1692 MASON KNOLL COURT  
CITY-ST-ZIP ST. LOUIS MO

TITLE V ☐ DELETE

NAME ESLINGER, EDGAR  
STREET ADDRESS 1242 TICONDEROGA  
CITY-ST-ZIP ST. LOUIS MO

TITLE TS ☐ DELETE

NAME GOSSETT, STEPHEN  
STREET ADDRESS 525 CEDAR COVE CT  
CITY-ST-ZIP MANCHESTER MO

TITLE V ☒ DELETE

NAME ~~BARKER, JEFFERY L~~  
STREET ADDRESS ~~1100 GOLD CUP CT~~  
CITY-ST-ZIP ~~FLORISSANT MO~~

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V

☐ Change

☒ Addition

1.2 NAME

BLASDEL, MICHAEL

1.3 STREET ADDRESS

7903 PINE GREEN LANE

1.4 CITY-ST-ZIP

HUMBLE TX 77346

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN D. GOSSETT

Date

2/22/99

Daytime Phone #

314-576-2021

CR2E034 (11/98)