

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90073 004 ***150.00

DOCUMENT # 834057

1. Corporation Name

LIONMARK CONSTRUCTION COMPANIES

Principal Place of Business

1620 WOODSON ROAD
ST. LOUIS MO 63114

Mailing Address

1620 WOODSON ROAD
ST. LOUIS MO 63114



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1975

4. FEI Number

43-0415930

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 D ☒ DELETE
NAME GOMES, E.C., SR.
STREET ADDRESS 11 LYNNBROOK
CITY-ST-ZIP FRONTENAC MO

TITLE V ☐ DELETE
NAME ALLEN, GENE R.
STREET ADDRESS 1716 ROSE ARBOR DR.
CITY-ST-ZIP CREVE COEUR MO

TITLE VST ☐ DELETE
NAME FELDMAN, THOMAS F.
STREET ADDRESS 2031 BROOKCREEK LANE
CITY-ST-ZIP ST. LOUIS MO

TITLE PD ☐ DELETE
NAME GOMES, ED, JR.
STREET ADDRESS #19 PORTLAND DR
CITY-ST-ZIP ST. LOUIS MO

TITLE AS ☒ DELETE
NAME DOHLE, MICHAEL R
STREET ADDRESS 4309 FORESTDALE
CITY-ST-ZIP ST. LOUIS MO 63125

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 C
4.3 STREET ADDRESS Gomes, Ed, Jr.
4.4 CITY-ST-ZIP 316 Carlyle Lake Dr.
St. Louis, MO 63141

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AS
5.3 STREET ADDRESS Drury, Michael
5.4 CITY-ST-ZIP 1691 Mt Vernon
ST CHARLES, MO 63303

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME P
6.3 STREET ADDRESS Burns, Roy L.
6.4 CITY-ST-ZIP 10 Oak Bluff Dr.
LAKE ST. LOUIS, MO 63367

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

Date

Daytime Phone #

4/26/99

(314) 991-2180

CR2E034 (11/98)