

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 834857 (5)

1. Corporation Name

A.B. CHANCE COMPANY

Principal Place of Business

210 NORTH ALLEN ST.  
CENTRALIA MO 65240

Mailing Address

210 NORTH ALLEN ST.  
CENTRALIA MO 65240

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/15/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

43-1047914

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 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 607.1508, 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 then applicable)

(NOTE: Registered Agent Signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

P  
PLUFF, THOMAS H.  
584 DERBY MILFORD RD  
ORANGE CT

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VPF  
MILLER, DR  
210 N. ALLEN ST.,  
CENTRALIA MO

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VPGM  
ANDREWS, S.D.  
210 N. ALLEN ST.  
CENTRALIA MO

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VPO  
STUMBAUGH, G.A.  
210 N. ALLEN ST.  
CENTRALIA MO

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VPS  
DAVIES, R.W.  
584 DERBY MILFORD RD  
ORANGE CT

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

VPT  
BIGGART, J.H.  
584 DERBY MILFORD RD  
ORANGE CT

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.R. MILLER, VICE PRESIDENT OF FINANCE

4-11-96

Date

(573) 682-8552

Debra Phone #

CR2E034 (12/95)