


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

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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **834857** (5)

1. Corporation Name  
**A.B. CHANCE COMPANY**

Principal Place of Business <b>210 NORTH ALLEN ST. CENTRALIA MO 65240</b>	Mailing Address <b>210 NORTH ALLEN ST. CENTRALIA MO 65240-1302</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/15/1975</b>	3a. Date of Last Report <b>04/17/1996</b>
21		26		4. FEI Number <b>43-1047914</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PUFF, THOMAS H.</del>	1.2 NAME	<b>VINCENT R. PETRECCA</b>
STREET ADDRESS	<b>584 DERBY MILFORD RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORANGE CT</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VPF</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, DR</b>	2.2 NAME	
STREET ADDRESS	<b>210 N. ALLEN ST.,</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CENTRALIA MO</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VPGM</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, S.D.</b>	3.2 NAME	
STREET ADDRESS	<b>210 N. ALLEN ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CENTRALIA MO</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VPO</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUMBAUGH, G.A.</b>	4.2 NAME	
STREET ADDRESS	<b>210 N. ALLEN ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CENTRALIA MO</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VPS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIES, R.W.</b>	5.2 NAME	
STREET ADDRESS	<b>584 DERBY MILFORD RD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORANGE CT</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIGGART, J.H.</b>	6.2 NAME	
STREET ADDRESS	<b>584 DERBY MILFORD RD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ORANGE CT</b>	6.4 CITY - ST - ZIP	

14. I do 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: *G.A. Stumbaugh* **G.A. STUMBAUGH** APRIL 25, 1997 (573) 682-8690

CR2E034 (9/96)