

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

FILED
Apr 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1975	
4. FEI Number 43-1047914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

10. Name and Address of New Registered Agent	

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	<input type="checkbox"/> DELETE
NAME	P
STREET ADDRESS	PETRECCA, VINCENT R.
CITY-ST-ZIP	584 DERBY MILFORD RD ORANGE CT
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VPF
STREET ADDRESS	MILLER, DR
CITY-ST-ZIP	210 N. ALLEN ST., CENTRALIA MO
TITLE	<input type="checkbox"/> DELETE
NAME	VPGM
STREET ADDRESS	ANDREWS, S.D.
CITY-ST-ZIP	210 N. ALLEN ST. CENTRALIA MO
TITLE	<input type="checkbox"/> DELETE
NAME	VPO
STREET ADDRESS	STUMBAUGH, G.A.
CITY-ST-ZIP	210 N. ALLEN ST. CENTRALIA MO
TITLE	<input type="checkbox"/> DELETE
NAME	VPS
STREET ADDRESS	DAVES, R.W.
CITY-ST-ZIP	584 DERBY MILFORD RD ORANGE CT
TITLE	<input type="checkbox"/> DELETE
NAME	VPT
STREET ADDRESS	BIGGART, J.H.
CITY-ST-ZIP	584 DERBY MILFORD RD ORANGE CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vice President + Controller
2.3 STREET ADDRESS	Michael L. E. ESTES
2.4 CITY-ST-ZIP	210 NORTH ALLEN ST. CENTRALIA, MO. 65240
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____

CR2E034 (10/97)