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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841279**

(3)

1. Corporation Name

LEGGETT WIRE COMPANY

MAIL



Principal Place of Business THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801 US	Mailing Address NO. 1, LEGGETT ROAD PO BOX 757 CARTHAGE MO 64836-0757
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3. Date Incorporated or Qualified 08/17/1978	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1140879	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 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 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 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARNEST C. JETT	1.2 NAME	
STREET ADDRESS	NO 1 LEGGETT RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADDEN, ROGER D	2.2 NAME	
STREET ADDRESS	NO 1 LEGGETT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE, MO 00000	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLAUBER, MICHAEL A	3.2 NAME	
STREET ADDRESS	NO 1 LEGGETT RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE, MO 00000	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDKINS, JERRY	4.2 NAME	
STREET ADDRESS	NO 1 LEGGETT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE, MO 00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURSER, KENNETH W	5.2 NAME	
STREET ADDRESS	NO.1 LEGGETT RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN S HIGDON	6.2 NAME	
STREET ADDRESS	NO 1 LEGGETT ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CARTHAGE MO	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: *Kenneth W. Purser* **Kenneth W. Purser** 4/22/97 (417)358-8131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)