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CORPORATION
 ANNUAL REPORT
 1995



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 FEB -3 PM 1:25

DOCUMENT # **852749** (1)

1. Corporation Name
FRANK J. STRAHL & SONS, INC.

Principal Place of Business Mailing Address
401 N. WASHINGTON AVE. DANVILLE IL 61832

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/30/1982** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

4. FEI Number **37-0904682** 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 has liability for intangible tax under S. 199.032 Florida Statutes Yes No **no tangible assets in Fla**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAHL, JACK C
401 N WASHINSTON AVE
DANVILLE IL 61832

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 607.1506, 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 607.0502, Florida Statutes.

SIGNATURE *Jack C. Strahl* DATE **1-24-95**
Signature of registered agent or printed name of registered agent or state of designation. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	STRAHL, JACK C.
STREET ADDRESS	401 N. WASHINGTON AVE.
CITY-ST-ZIP	DANVILLE IL
TITLE	S
NAME	MOLLETT, PATRICIA A
STREET ADDRESS	401 N. WASHINGTON AVE.
CITY-ST-ZIP	DANVILLE IL
TITLE	TD
NAME	STRAHL, EDWARD W.
STREET ADDRESS	401 N. WASHINGTON AVE.
CITY-ST-ZIP	DANVILLE IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Pierce, Patricia A
2.4 CITY-ST-ZIP	401 N. Washington Ave Danville, IL 61832
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 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 included 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 recorder or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *Jack C. Strahl* Jack C. Strahl Pres 1-24-95 217-446-7890
Signature and typed or printed name of signing officer or director Date Telephone