

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State
 04-27-2001 90314 023 ***150.00

DOCUMENT # F00000000556

1. Entity Name
THREE JOHNS COMPANY

Principal Place of Business 2500 EAST KEARNEY SPRINGFIELD MO 65898	Mailing Address 2500 EAST KEARNEY SPRINGFIELD MO 65898
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **43-1009055** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULICK, NICK ESQ
 90130 OLD HIGHWAY
 TAVERNIER FL 33070**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After **MAY 1, 2001** Fee will be **\$550.00**
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CDP** Delete
 NAME **MORRIS, JOHN L**
 STREET ADDRESS **2500 EAST KEARNEY**
 CITY-ST-ZIP **SPRINGFIELD MO 65898**

TITLE **VP** Change Addition
 NAME **Toni M. Miller**
 STREET ADDRESS **2500 E. Kearney**
 CITY-ST-ZIP **Springfield, MO 65898**

TITLE **S** Delete
 NAME **GREENE, JOE C**
 STREET ADDRESS **1340 EAST WOODHURST**
 CITY-ST-ZIP **SPRINGFIELD MO 65804**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Toni Miller **Toni Miller** **4/19/01** **417-873-5000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day + Phone #

CR2E034 (10/00)