


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

**FILED**

**Aug 01 1997 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F93000003945 (3)**  
1. Corporation Name  
**UNITED BUMPER, INC.**

Principal Place of Business <b>14645 AERIES WAY DR. FT. MYERS FL 33912</b>	Mailing Address <b>14645 AERIES WAY DR. FT. MYERS FL 33912</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>14440 Hickory Fairway Ct</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>14440 Hickory Fairway Ct</b> Suite, Apt. #, etc.
22 City & State 23 <b>Fort Myers FL</b>	27 City & State 28 <b>Fort Myers FL</b>
24 Zip <b>33912</b>	25 Country <b>LEE</b>
29 Zip <b>33912</b>	30 Country <b>LEE</b>

3. Date Incorporated or Qualified <b>08/24/1993</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>43-0831474</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent  
**HORNICK, THOMAS G  
14645 AERIES WAY DR.  
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name <b>SAME</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>14440 Hickory Fairway Ct</b>
83
84 City <b>Fort Myers</b>
85 Zip Code <b>FL 33912</b>

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

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HORNICK, THOMAS G	
STREET ADDRESS	14645 AERIES WAY DR.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	DVCS	<input type="checkbox"/> DELETE
NAME	HORNICK, BERNICE G	
STREET ADDRESS	14645 AERIES WAY DR.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HORNICK, BERNICE G	
STREET ADDRESS	14645 AERIES WAY DR.	
CITY-ST-ZIP	FT. MYERS FL 33912	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JACOBSMEYER, R W	
STREET ADDRESS	7710 CARONDELET, STE. 506	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>14440 Hickory Fairway Ct</b>
1.4 CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>14440 Hickory Fairway Ct</b>
2.4 CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>14440 Hickory Fairway Ct</b>
3.4 CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>VP DANNEY M. DANIELE</b>
4.3 STREET ADDRESS	<b>300 HUNTER GLEN CT</b>
4.4 CITY-ST-ZIP	<b>ELLISVILLE, MO</b>
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 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 in an attachment with an address.

SIGNATURE: *Thomas G Hornick* 7/24/97 941-768-3624

CR2E034 (4/97)