

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:02

DOCUMENT # **F94000003213 (5)**

1. Corporation Name

FLORIDA WAREHOUSE MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
23 PUBLIC SQUARE, STE. 440 23 PUBLIC SQUARE, STE. 440
BELLEVILLE IL 62220 BELLEVILLE IL 62220

3. Date Incorporated or Qualified 06/20/1994
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		37-1206365		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	Zip Code

FL

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 registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN, JURGEN K	1.2 NAME	
STREET ADDRESS	PO BOX 8 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABST, KIP	2.2 NAME	
STREET ADDRESS	PO BOX 8 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFF, DAVID	3.2 NAME	
STREET ADDRESS	PO BOX 67 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, DENNIS	4.2 NAME	Director of Commercial Operations
STREET ADDRESS	900 ENGINEERS RD.	4.3 STREET ADDRESS	Meyer, Dennis
CITY-ST-ZIP	GRANITE CITY IL 62040	4.4 CITY-ST-ZIP	900 Engineers Rd. Granite City, IL 62040
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, PATRICK M	5.2 NAME	
STREET ADDRESS	23 PUBLIC SQ., STE. 440	5.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVILLE IL 62220	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDAY, WILLIAM	6.2 NAME	
STREET ADDRESS	PO BOX 67 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD IL 62048	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 110.07(3)(k), 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. 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 1 or Block 13, unchanged, or on an attachment with an addendum.

SIGNATURE: *Patrick M. Flynn* Secretary 1/12/95 618-233-0480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Item 8)