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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

 Corporation 	MENT # F940 COUISITION COMPANY	00003978 (3) -8	M	AIL			
Brinçipa' Place	of Business 4	Mailing Address			* (UB) (UB) (UB) (UB) (UB) (UB) (UB) (UB)	a ii ab ii abia bii i ba ii	1000 1816 1881
NO. 1 LEGGE CARTHAGE N		NO. 1 LEGGETT ROAD CARTHAGE MO 64836					
					3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Re 04/05/199	
	ce of Business C/o The	2a. Mailing Address			4. FEI Number	├-	Applied For
CT Corporation System 26					43-1637011		Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	4	Additional Required
City & State City & State City & State 28					Election Campaign Financing Trust Fund Contribution	1 1	May Be
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s 199.032,		
19801	13002 131 000 131		30		Fiorida Statutes		
	9. Name and Address of Cu	irrent Registered Agent	81	Name	TU. Name and Address of New He	gistered Agent	
CT CAB	RPORATION SYSTEM						
	PINE ISLAND RD.		82	Street	Address (P.O. Box Number is Not Acceptable	7	
PLANTATION FL 33324			83				
. =			84	City		85 Zip	Code
					proporation submits this statement for the purp		
or registere	ed agent, or both, in the State of	Florida. Such change was authorize Section 607.0505, Florida Statules.	d by the con	oration's	board of directors. I hereby accept the appoil	ritment as régistered	agent. I am
	Signature, typed or printed name of registered			n' signa'ure re	equired when reinstating)	DATE	DO (N. 10
I2.	OFFICERS VDS	S AND DIRECTORS	13.	r	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	ERNEST C., JETT		1.2 NAME				
STREET ADDRESS	NO 1 LEGGETT RD		1.3 STREE	I ADDRESS			
CITY-ST-ZIP	CARTHAGE MO		1.4 CITY-	ST-ZIP			
TITLE	P	DELETE	2.1 TITLE			Change	☐ Addition
NAME	(100) and (100)		2 2 NAME				
STREET ADDRESS	1107 1 000 100 110			T ADDRESS			
CITY-ST-ZIP	CARTHAGE MO 64836			ST-ZIP		Change	☐ Addition
TITLE	V Gladden, Roger D	· —				Change	L ROUGE
NAME STREET ADDRESS	NO. 1 LEGGETT ROAD		3.2 NAME	T ADDRESS		•	
CITY-ST-ZIP	CARTHAGE MO 64836		3.4 CHY-				
TITLE	T	C) DELETE	4. 1 TITLE			☐ Change	Addition
NAME	HIGDON, SUSAN S		4.2 NAMÉ				
STREET ADDRESS	NO. 1 LEGGETT ROAD		4.3 STREE	T ADDRESS			
City-St-ZiP	CARTHAGE MO 64836	F-1 britis	4.4 CITY-	ST-ZIP		F7 06	FTT A JUNE 1
TITLE	WOLCHT FELIX F	☐ DELĒTE	5. 1 TITLE			Change	Addition
NAME	WRIGHT, FELIX E NO. 1 LEGGETT ROAD		5.2 NAME	I ADODEĆE			
STREET ADDRESS	CARTHAGE MO 64836			T ADORESS			
CITY-ST-ZIP TITLE	VAS	DELETE	5.4 CITY - 6. 1 TITLE	31-411	V/AS/AT	X Change	Addition
NAME	GLAUBER, MICHAEL A		6.2 NAME		Michael A. Glauber	<u></u>	
STHEET ADDRESS	NO. 1 LEGGETT ROAD			T ADDRESS :	No. 1 Leggett Road		
CHTY-ST-ZIP	CARTHAGE MO 64836		6.4 CITY-		Carthage, MO 64836		
14. I do hereb	y certify that the information supp	olied with this filing is voluntarily furni	shed and do	es not qua	alify for the exemption stated in Section 119.0	7(3)(k), Florida Statu	tes. I further
oath; that	Line information indicated on this I am an officer or director of the c	a initial report or supplemental annu- corporation of the receiver or trustee	arreport is tr empowered	ue and ad to execut	courate and that my signature shall have the size this report as required by Chapter 607, Flor	ame legal effect as li rida Statutes; and th	at my name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser

(417) 358-8131

Daytime Phone #