

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003978 (3)

1. Corporation Name
L&P ACQUISITION COMPANY - 8

MAIL



Principal Place of Business
C/O THE CT CORPORATION SYSTEM
1209 ORANGE ST
WILMINGTON DE 19801
US

Mailing Address
NO. 1 LEGGETT ROAD
CARTHAGE MO 64836-9849

3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1637011	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	VDS
NAME	ERNEST C., JETT
STREET ADDRESS	NO 1 LEGGETT RD
CITY - ST - ZIP	CARTHAGE MO
TITLE	P
NAME	HUDKINS, JERRY H
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY - ST - ZIP	CARTHAGE MO 64836
TITLE	V
NAME	GLADDEN, ROGER D
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY - ST - ZIP	CARTHAGE MO 64836
TITLE	T
NAME	HIGDON, SUSAN S
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY - ST - ZIP	CARTHAGE MO 64836
TITLE	V
NAME	WRIGHT, FELIX E
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY - ST - ZIP	CARTHAGE MO 64836
TITLE	VAST
NAME	GLAUBER, MICHAEL A
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY - ST - ZIP	CARTHAGE MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VP
1.2 NAME	Kenneth W. Purser
1.3 STREET ADDRESS	No. 1 Leggett Road
1.4 CITY - ST - ZIP	Carthage, MO 64836
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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, upon a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser

9/23/97

(417)358-8131

Date

Daytime Phone #

CR2E034 (9/96)