


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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90007 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003978

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 08/01/1994	
4. FEI Number 43-1637011	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
84 City
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 <input type="checkbox"/> DELETE
NAME	ERNEST C., JETT
STREET ADDRESS	NO 1 LEGGETT RD
CITY-ST-ZIP	CARTHAGE MO
TITLE	P <input type="checkbox"/> DELETE
NAME	HUDKINS, JERRY H
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE MO 64836
TITLE	V <input type="checkbox"/> DELETE
NAME	GLADDEN, ROGER D
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE MO 64836
TITLE	T <input type="checkbox"/> DELETE
NAME	BRADSHAW, SHERI L
STREET ADDRESS	NO 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE MO 64836
TITLE	V <input type="checkbox"/> DELETE
NAME	WRIGHT, FELIX E
STREET ADDRESS	NO. 1 LEGGETT ROAD
CITY-ST-ZIP	CARTHAGE MO 64836
TITLE	VAST <input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth W. DeP... **Kenneth W. DeP...** **Officer - Vice President** **4/28/99** **417-358-8131**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)