

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

DOCUMENT # F95000006058 (0)

1. Corporation Name

JLM MANAGEMENT COMPANY

Principal Place of Business

1915-C SOUTH CAMPBELL
SPRINGFIELD MO 65807

Mailing Address

1915-C SOUTH CAMPBELL
SPRINGFIELD MO 65807

3. Date Incorporated or Qualified
12/13/1995

3a. Date of Last Report

4. FEI Number
43-1602436

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 of type, or print name, of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BURROUGHS, KEN
STREET ADDRESS 1915-C SOUTH CAMPBELL
CITY-STATE-ZIP SPRINGFIELD MO

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME HENRY, MARILYN S
STREET ADDRESS 1915-C SOUTH CAMPBELL
CITY-STATE-ZIP SPRINGFIELD MO

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME GREENE, JOE C
STREET ADDRESS 1915-C SOUTH CAMPBELL
CITY-STATE-ZIP SPRINGFIELD MO

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME HODGES, JENNA
STREET ADDRESS 1915-C SOUTH CAMPBELL
CITY-STATE-ZIP SPRINGFIELD MO

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME MORRIS, JOHN L
STREET ADDRESS 1935 SOUTH CAMPBELL
CITY-STATE-ZIP SPRINGFIELD MO

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, 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 amendment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96

Date

417-882-4444

Daytime Phone #

CR2E034 (12/95)