

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

04-06-1999 90040 043 ***150.00

DOCUMENT # F95000006058

1. Corporation Name

JLM MANAGEMENT COMPANY



Principal Place of Business

2500 E. KEARNEY
SPRINGFIELD MO 65803
US

Mailing Address

2500 E. KEARNEY
SPRINGFIELD MO 65803
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

43-1602436

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURROUGHS, KEN	
STREET ADDRESS	1915-C SOUTH CAMPBELL	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENRY, MARILYN S	
STREET ADDRESS	1915-C SOUTH CAMPBELL	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENE, JOE C	
STREET ADDRESS	1915-C SOUTH CAMPBELL	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	HODGES, JENNA	
STREET ADDRESS	1915-C SOUTH CAMPBELL	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MORRIS, JOHN L	
STREET ADDRESS	1935 SOUTH CAMPBELL	
CITY-ST-ZIP	SPRINGFIELD MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2500 E. Kearney
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2500 E. Kearney
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1340 E. Woodhurst
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	2500 E. Kearney
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	2500 E. Kearney
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP Steve Smith
6.3 STREET ADDRESS	2500 E. Kearney
6.4 CITY-ST-ZIP	Springfield, MO 65898

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.29.99

Date

Daytime Phone #

CR2E034 (1/1/98)