

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 30, 1999 8:00 am  
Secretary of State

04-30-1999 90092 025 \*\*\*150.00

DOCUMENT # F96000003737

1. Corporation Name

THE GANNON DEVELOPMENT COMPANY

Principal Place of Business

C/O THE GANNON COMPANIES  
12515 NORTH KENDALL DRIVE SUITE 430  
MIAMI FL 33186

Mailing Address

C/O THE GANNON COMPANIES  
12515 NORTH KENDALL DRIVE SUITE 430  
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1996

4. FEI Number

43-1336695

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

FIELD, SYBIL COLEMAN  
12515 NORTH KENDALL DRIVE  
SUITE 430  
MIAMI FL 33186

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRANKE, WILLIAM E  
STREET ADDRESS 49 CRESTWOOD DRIVE  
CITY-ST-ZIP ST LOUIS MO 63105 ☐ DELETE

TITLE V  
NAME STUDER, BRUCE  
STREET ADDRESS 12515 N KENDALL DR  
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE VD  
NAME EVERETT, BOUGLAS D  
STREET ADDRESS 12515 N KENDALL DR  
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE DV  
NAME GREENE, ROBERT P  
STREET ADDRESS 12541 BENNINGTON PLACE  
CITY-ST-ZIP ST LOUIS MO 63146 ☐ DELETE

TITLE DVT  
NAME WEYGANDT, DAVID W  
STREET ADDRESS 26 SOUTH 87TH STREET  
CITY-ST-ZIP BELLEVILLE IL ☐ DELETE

TITLE S  
NAME DISHON, DIANE E  
STREET ADDRESS 4545 BRIARGATE DRIVE  
CITY-ST-ZIP ST CHARLES MO 63304 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME TERRY L PABST  
6.3 STREET ADDRESS 1332 FIDDLE CREEK  
6.4 CITY-ST-ZIP KANSAS, MO 63055

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:

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

4-26-99  
Date

305-596-4898  
Daytime Phone #

CR2E034 (1/98)