PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 APR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J16871

1. Corporation Name
BUSCH PROPERTIES OF FLORIDA, INC.

Principal Place of Business
6817 WESTWOOD BOULEVORD
ORLANDO FL 32821

Mailing Address
CORPORATE TAX DEPT.
ONE BUSCH PLACE
ST. LOUIS MO 63118
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1986

4. FEI Number: 59-2679044 ☐ 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
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VAN SLYKE, RICHARD		1.2 NAME	
STREET ADDRESS	6817 WESTWOOD BLVD		1.3 STREET ADDRESS	Schedule Attached
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KIMMINS, WILLIAM J		2.2 NAME	900002855934
STREET ADDRESS	ONE BUSCH PL		2.3 STREET ADDRESS	-04/30/99--01148--001
CITY-ST-ZIP	ST LOUIS MO		2.4 CITY-ST-ZIP	***2850.00 ****150.00
TITLE	C	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAMMES, WILLIAM L		3.2 NAME	
STREET ADDRESS	ONE BUSCH PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTZ, JOHN C., JR.		4.2 NAME	
STREET ADDRESS	8000 MARYLAND AVE, STE 350		4.3 STREET ADDRESS	
CITY-ST-ZIP	CLAYTON MO		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REEVES, LAURA H.		5.2 NAME	
STREET ADDRESS	ONE BUSCH PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO		5.4 CITY-ST-ZIP	
TITLE	TC	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CASTAGNO, JOHN D		6.2 NAME	
STREET ADDRESS	ONE BUSH PL		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO		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: SIGNATURE REQUIRED John D. Castagno, Tax Controller 1/28/99 314/577-2359

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)