

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 # **L50896** (4)

1. Corporation Name

THE FRU-CON PROJECTS, INC.



Principal Place of Business

**15933 CLAYTON RD
BALLWIN MO 63011**

Mailing Address

**15933 CLAYTON RD
BALLWIN MO 63011**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KEIHNER, BRUCE W.
6585 DILLMAN RD EXTENSION
P.O. BOX 15255
W PALM BEACH FL 33416**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/13/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

65-1092643

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP

**PDT
SAUER, PAUL
16183 WILSON MANOR DR.
CHESTERFIELD MO**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
JUERGEN, KOCHANNEK
2634 VALLEY ROAD
CHESTERFIELD MO**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S
MORRIS, PEGGY
4506 MARYLAND AVE.
ST. LOUIS MO**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
ZEHNER, ANNIE
1417 CARMAN VALLEY DR.
MANCHESTER MO**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V
MALOOF, RICHARD
123 KATHLEEN AVE.
WYOMISSING PA**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☒ Change ☐ Addition

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

☒ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 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.

SIGNATURE

Sandra B. Mortham

TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. MORRIS

4-24-96

Date

314-391-6700

Daytime Phone #

CR2E034 (12/95)