

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90160 021 ***150.00

WAF1Q1Q AT

DOCUMENT # L50896

1. Entity 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

ZipCountry

ZipCountry

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip Code

4. FEI Number
65-1092643

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

9. Election Campaign Financing
Trust Fund Contribution.

5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
JACKEL, MATTI
14635 SCHOEHLER MANOR COURT
CHESTERFIELD MO 63017

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
RUZICKA, LEONARD R
1947 SUNNY DRIVE
SAINT LOUIS MO 63122

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
ZEHNER, ARNIE
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Assistant Secretary
James Faber
1462 Red Oak Plantation Drive
Ballwin, MO 63021

ChangeAddition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ChangeAddition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ChangeAddition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ChangeAddition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ChangeAddition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

1-8-03 636-391-4560