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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07661

FFP ADVISORY SERVICES, INC.

FILED Feb 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 15455 CONWAY ROAD, 2ND FL 15455 CONWAY ROAD, 2ND FL CHESTERFIELD MO 63017 CHESTERFIELD MO 63017 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/08/1985 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 43-0989354 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. ☐ Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 64 City 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 Lorida. 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change 1.11000 TITLE HENRY, ROY M. NAME 1.2 NAME 2031 KEHRSBORO DRIVE STREET ADDRESS 1.3 STREET ADDRESS CHESTERFIELD MO 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 2 1 1111. Addition TITLE RODERMUND, ROBERT H 2.2 NAMÉ NAME 17134 SURREY VIEW DRIVE 2.3 STREET ADDRESS STREET ADDRESS CHESTERFIELD MO CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition Change 3.1 HILE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 7IP CITY-ST-ZIP Change Addition DILETE TIFLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CHY-S1-ZIP CITY-ST-ZIP 500002424529ange DELETE Addition 6 1 111LF TITLE -02/09/98--01020--012 \*\*\*158.75 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 C(1) Y - \$1 - Z(P) 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.

1.20.98