

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

**FILED**  
**Apr 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P19166 (8)**

1. Corporation Name  
**KASCO SERVICES CORPORATION**



Principal Place of Business <b>1569 TOWER GROVE AVE.,                  ST. LOUIS MO 63110</b>	Mailing Address <b>2251 LUCIEN WAY                  300                  MAITLAND FL 32751                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	29. Country
34. <b>9. Name and Address of Current Registered Agent</b>	30. <b>10. Name and Address of New Registered Agent</b>

3. Date Incorporated or Qualified <b>05/06/1988</b>	
4. FEI Number <b>13-3341885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERRESFORD, JEFFREY M</b>	1.2 NAME	
STREET ADDRESS	<b>1569 TOWERGROVE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. LOUIS MO</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINSON, BOB</b>	2.2 NAME	
STREET ADDRESS	<b>743 BEAR CREEK CIRCLE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>METCALF, LINDA M</b>	3.2 NAME	<b>AS</b>
STREET ADDRESS	<b>405 VIRGINIA DR</b>	3.3 STREET ADDRESS	<b>LAMBERT, JAMES W.</b>
CITY-ST-ZIP	<b>WINTERPARK FL</b>	3.4 CITY-ST-ZIP	<b>489 PICKFORD POINT</b>
TITLE	<b>AT</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORTENSON, TIMOTHY J</b>	4.2 NAME	
STREET ADDRESS	<b>18423 WILSON CREEK COURT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHESTERFIELD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AT</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROGERS, DREW M.</b>	5.2 NAME	<b>AT</b>
STREET ADDRESS	<b>1818 WINSOR OAK DR</b>	5.3 STREET ADDRESS	<b>MAINGOT, LARRY C.</b>
CITY-ST-ZIP	<b>APOPKA FL</b>	5.4 CITY-ST-ZIP	<b>1060 VISTA ROAD</b>
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FICHTHORN, LUKE E.</b>	6.2 NAME	
STREET ADDRESS	<b>514 HOLLOW TREE RIDGE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DARIEN CT</b>	6.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>AS</b>
3.3 STREET ADDRESS	<b>LAMBERT, JAMES W.</b>
3.4 CITY-ST-ZIP	<b>489 PICKFORD POINT</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>AT</b>
5.3 STREET ADDRESS	<b>MAINGOT, LARRY C.</b>
5.4 CITY-ST-ZIP	<b>1060 VISTA ROAD</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *James W Lambert* **JAMES W LAMBERT** 4/6/98 (407)875-2222

CR2E034 (10/97)