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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24464** **(0)**

1. Corporation Name
HUFFMAN, INC.

Principal Place of Business	Mailing Address
1550 BLACK RIVER INDUSTRIAL PARK POPLAR BLUFF MO 63901	1550 BLACK RIVER INDUSTRIAL PARK POPLAR BLUFF MO 63901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/23/1989**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. # or Other — 22:
Suite, Apt. # or Other — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **43-1017749** ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 Section 607.0505 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PTD	11 TITLE	☐ Change ☐ Addition
12 NAME	HUFFMAN, MICHAEL J.	12 NAME	
13 STREET ADDRESS	RR#6 BOX 283 C	13 STREET ADDRESS	
14 CITY, ST, ZIP	POPLAR BLUFF MO	14 CITY, ST, ZIP	
21 TITLE	AS	21 TITLE	☐ Change ☐ Addition
22 NAME	FELDMAN, TOM	22 NAME	
23 STREET ADDRESS	2031 BROOKCREEK LANE	23 STREET ADDRESS	
24 CITY, ST, ZIP	ST. LOUIS MO	24 CITY, ST, ZIP	
31 TITLE	S	31 TITLE	☐ Change ☐ Addition
32 NAME	HUFFMAN, S.J.	32 NAME	
33 STREET ADDRESS	RRT#6 BOX 283C	33 STREET ADDRESS	
34 CITY, ST, ZIP	POPLAR BLUFF MO	34 CITY, ST, ZIP	
41 TITLE	AS	41 TITLE	☐ Change ☐ Addition
42 NAME	SCHWARTZ, S.H.	42 NAME	
43 STREET ADDRESS	15860 TIMBER VALLEY DR.	43 STREET ADDRESS	
44 CITY, ST, ZIP	ST. LOUIS MO	44 CITY, ST, ZIP	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	GOMES, ED, JR.	52 NAME	
53 STREET ADDRESS	#19 PORTLAND DRIVE	53 STREET ADDRESS	
54 CITY, ST, ZIP	ST. LOUIS MO	54 CITY, ST, ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I declare, I certify that the information supplied with this report is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information indicated on this 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: *Michael Huffman* 4/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

040010 FN