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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # **P24464**

(0)

1. Corporation Name
HUFFMAN, INC.



Principal Place of Business

**1550 BLACK RIVER INDUSTRIAL PARK
POPLAR BLUFF MO 63901**

Mailing Address

**1550 BLACK RIVER INDUSTRIAL PARK
POPLAR BLUFF MO 63901**

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

03/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

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
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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE

NAME **HUFFMAN, MICHAEL J.**

STREET ADDRESS **RR#6 BOX 283 C**

CITY - ST - ZIP **POPLAR BLUFF MO**

TITLE **AS** ☐ DELETE

NAME **FELDMAN, TOM**

STREET ADDRESS **2031 BROOKCREEK LANE**

CITY - ST - ZIP **ST. LOUIS MO**

TITLE **S** ☐ DELETE

NAME **HUFFMAN, S.J.**

STREET ADDRESS **RRT#6 BOX 283C**

CITY - ST - ZIP **POPLAR BLUFF MO**

TITLE **AS** ☐ DELETE

NAME **DOHLE, D.R.**

STREET ADDRESS **4309 FOREST DALE**

CITY - ST - ZIP **ST. LOUIS MO**

TITLE **D** ☐ DELETE

NAME **GOMES, ED, JR.**

STREET ADDRESS **#19 PORTLAND DRIVE**

CITY - ST - ZIP **ST. LOUIS MO**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS **RT 10, Box 445**

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS **RT 10, Box 445**

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-97 573-686-1446

CR2E034 (9/96)