

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

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**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90073 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P24464

1. Corporation Name  
**HUFFMAN, INC.**



DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, MICHAEL J.	1.2 NAME	
STREET ADDRESS	RT 10, BOX 445	1.3 STREET ADDRESS	
CITY-ST-ZIP	POPLAR BLUFF MO	1.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, TOM	2.2 NAME	
STREET ADDRESS	2031 BROOKCREEK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, S.J.	3.2 NAME	
STREET ADDRESS	RT 10, BOX 445	3.3 STREET ADDRESS	
CITY-ST-ZIP	POPLAR BLUFF MO	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHLE, D.R.	4.2 NAME	
STREET ADDRESS	4309 FOREST DALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMES, ED, JR.	5.2 NAME	
STREET ADDRESS	316 CARLYLE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Joseph E. Carey* Controller **JOSEPH E. CAREY** 2-25-99 573-686-1426  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)