

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27523 (0)

1. Corporation Name

GRIKETZ INTERNATIONAL, INC.

MAIL



Principal Place of Business

NO. 1 LEGGETT ROAD
CARTHAGE MO 64836

Mailing Address

NO. 1 LEGGETT ROAD
CARTHAGE MO 64836

2. Principal Place of Business

21 13800 NW 4th Street

Suite, Apt. #, etc.

22

City & State

23 Sunrise, FL

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/28/1989

3a. Date of Last Report

04/05/1995

4. FEI Number

65-0181554

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.

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GRIKETZ, MICHAEL J

STREET ADDRESS 13800 NW 4TH ST

CITY-STATE-ZIP SUNRISE FL

TITLE VS ☐ DELETE

NAME GLAUBER, MICHAEL A.

STREET ADDRESS NO. 1 LEGGETT ROAD

CITY-STATE-ZIP CARTHAGE MO

TITLE V ☐ DELETE

NAME PURSER, KENNETH W

STREET ADDRESS NO. 1 LEGGETT RD

CITY-STATE-ZIP CARTHAGE MO

TITLE P ☐ DELETE

NAME WHITE, M BURL

STREET ADDRESS 13800 NW 4TH ST

CITY-STATE-ZIP SUNRISE FL

TITLE T ☐ DELETE

NAME HIGDON, SUSAN S

STREET ADDRESS NO. 1 LEGGETT ROAD

CITY-STATE-ZIP CARTHAGE MO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/VP/S ☒ Change ☐ Addition

1.2 NAME Ernest C. Jett

1.3 STREET ADDRESS 4702 Jackson

1.4 CITY-STATE-ZIP Joplin, MO 64804

2.1 TITLE VP/AS/AT ☒ Change ☐ Addition

2.2 NAME Michael A. Glauber

2.3 STREET ADDRESS No. 1 Leggett Road

2.4 CITY-STATE-ZIP Carthage, MO 64836

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE V ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

Robert A. Jefferies, Jr.

No. 1 Leggett Road

Carthage, MO 64836

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser (417) 358-8131

Date

Daytime Phone #

CR2E034 (12/95)