FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED
95 MAY -1 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P28493** **(5)**

1. Corporation Name
FRU-CON ENGINEERING INC.

Principal Place of Business	Mailing Address
15933 CLAYTON RD. BALLWIN MO 63011	15933 CLAYTON RD. BALLWIN MO 63011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/13/1990**
3a. Date of Last Report: **04/20/1994**

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

4. FEI Number: **43-0280556** ☐ 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

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

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	AMSDEN, DANIEL	12 NAME	
STREET ADDRESS	1415 THOMAS MASON PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MO	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BARRY, JAMES	22 NAME	
STREET ADDRESS	2237 RIDGLEY WOODS DR	23 STREET ADDRESS	
CITY-ST-ZIP	CHESTERFIELD MO	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☑ Change ☐ Addition
NAME	SIMONE, GERALD	32 NAME	VT Rick meyer
STREET ADDRESS	3112 WILLOW BEND ST.	33 STREET ADDRESS	11326-F Ponk South Dr
CITY-ST-ZIP	ST. CHARLES MO	34 CITY-ST-ZIP	St. Louis MO 63128
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAVER, PAUL	42 NAME	
STREET ADDRESS	16183 WILSON MANOR DR	43 STREET ADDRESS	
CITY-ST-ZIP	ST. LOUIS MO	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	KEHRER, DAVID L.	52 NAME	
STREET ADDRESS	21 CARRIAGE WAY, WEST	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERS MO	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	RUZICKA, LEONARD R.	62 NAME	
STREET ADDRESS	1947 SUNNY DR.	63 STREET ADDRESS	
CITY-ST-ZIP	KIRKWOOD MO	64 CITY-ST-ZIP	

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)(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 addition.

SIGNATURE: _____ D. Effrein Asst. Sec. 4/28/95 314-321-6700
Signature and Typed or Printed Name of Officer or Director — Date — Daytime Phone #

0488448 FN