

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P29160 (9)**

1. Corporation Name
THE JOHN HARLAN COMPANY OF FLORIDA

Principal Place of Business: **12537 BENNINGTON PLACE ST. LOUIS MO 63146**
Mailing Address: **12537 BENNINGTON PLACE ST. LOUIS MO 63146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/01/1990**
3a. Date of Last Report: **06/10/1994**

2. Principal Place of Business: **21 9810 Page Blvd.**
2a. Mailing Address: **26 9810 Page Blvd.**
Suite, Apt. #, etc. (22, 27)
City & State (23, 28): **St. Louis, MO**
Zip (24): **63132** Country (25): **St. Louis**
City & State (29): **St. Louis** Zip (30): **63132** Country (30): **St. Louis**

4. FFI Number: **43-1175091**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**GREENE, ROBERT
3690 CHASE AVE.
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent:
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 _____
84 City: _____ 85 Zip Code: **FL**

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 (Agent) is printed below or typed below agent's title (if applicable).

Signature (Registered Agent) is printed below or typed below agent's title (if applicable).

1541

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HARLAN, JOHN M. JR. 12800 TOPPING ACRES TOWN & COUNTRY MO	11 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	12 NAME: _____	_____
STREET ADDRESS: _____	_____	13 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	14 CITY, ST, ZIP: _____	_____
TITLE: VD	HARLAN, KATHLEEN KELLY 12800 TOPPING ACRES TOWN & COUNTRY MO	21 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	22 NAME: _____	_____
STREET ADDRESS: _____	_____	23 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	24 CITY, ST, ZIP: _____	_____
TITLE: _____	_____	31 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	32 NAME: _____	_____
STREET ADDRESS: _____	_____	33 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	34 CITY, ST, ZIP: _____	_____
TITLE: _____	_____	41 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	42 NAME: _____	_____
STREET ADDRESS: _____	_____	43 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	44 CITY, ST, ZIP: _____	_____
TITLE: _____	_____	51 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	52 NAME: _____	_____
STREET ADDRESS: _____	_____	53 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	54 CITY, ST, ZIP: _____	_____
TITLE: _____	_____	61 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	_____	62 NAME: _____	_____
STREET ADDRESS: _____	_____	63 STREET ADDRESS: _____	_____
CITY, ST, ZIP: _____	_____	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 exemptions stated in Section 110.07(3)(b), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/95 314-890-2351
Date Signature