

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P30398** (2)

95 FEB 13 AM 10:29

1. Corporation Name
MANNA PRO CORPORATION

Principal Place of Business Mailing Address
7711 CARONDELET AVE. STE. 800 CLAYTON MO 63105

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/30/1990** 3a. Date of Last Report **06/01/1994**
4. FEI Number **95-3991180** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 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
**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 registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHAPMAN, LAWRENCE R.
STREET ADDRESS	18 FRONTENAC ESTATES
CITY - ST - ZIP	ST. LOUIS MO
TITLE	VT
NAME	MINARD, JOHN
STREET ADDRESS	14780 DOVERSHIRE COURT
CITY - ST - ZIP	CHESTERFIELD MO
TITLE	S
NAME	MINARD, JOHN D
STREET ADDRESS	14780 DOVERSHIRE CT
CITY - ST - ZIP	CHESTERFIELD MO
TITLE	D
NAME	SHANAHAN, JAMES
STREET ADDRESS	11260 CHESTER RD
CITY - ST - ZIP	CINCINNATI OH
TITLE	D
NAME	MORGAN, WILLIAM J
STREET ADDRESS	4330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	ROELAND PKWY KS
TITLE	D
NAME	GRIFFIN, ANTHONY
STREET ADDRESS	4330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	ROELAND PKWY KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DIRECTOR
63 STREET ADDRESS	THOMAS BARNHART
64 CITY - ST - ZIP	4330 SHAWNEE MISSION PKWY ROELAND PKWY KS

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(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: *John D. Minard* JOHN D. MINARD 2/7/95 (314)-746-1700
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR