

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32382** (4)  
1. Corporation Name  
**MITCHELL HUMPHREY & CO.**



Principal Place of Business <b>11720 BORMAN DRIVE, SUITE 310 ST. LOUIS MO 63146</b>	Mailing Address <b>11720 BORMAN DRIVE, SUITE 310 ST. LOUIS MO 63146</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/05/1990</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>43-1110836</b>	
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	24	25 Country	26	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
27	28	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>HUMPHRIES, J. BOB FOWLER, WHITE GILLEN, BOGGS, ET AL 501 EAST KENNEDY BOULEVARD TAMPA FL 33602</b>		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		<b>FL</b>	

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 reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD	<input type="checkbox"/> DELETE						1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUMPHREY, MITCHELL O.							1.2 NAME							
STREET ADDRESS	11720 BORMAN DRIVE							1.3 STREET ADDRESS							
CITY-ST-ZIP	ST. LOUIS MO							1.4 CITY-ST-ZIP							
TITLE	ST	<input type="checkbox"/> DELETE						2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME	HUMPHREY, KATHLEEN A.							2.2 NAME							
STREET ADDRESS	11720 BORMAN DRIVE							2.3 STREET ADDRESS							
CITY-ST-ZIP	ST. LOUIS MO							2.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								3.2 NAME							
STREET ADDRESS								3.3 STREET ADDRESS							
CITY-ST-ZIP								3.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								4.2 NAME							
STREET ADDRESS								4.3 STREET ADDRESS							
CITY-ST-ZIP								4.4 CITY-ST-ZIP							
TITLE		<input type="checkbox"/> DELETE						5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition						
NAME								5.2 NAME							
STREET ADDRESS								5.3 STREET ADDRESS							
CITY-ST-ZIP								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.

SIGNATURE: *Kathleen A. Humphrey* Kathleen A. Humphrey 4/30/98 314 991 2440

CR2E034 (10/97)