

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000031341
1. Corporation Name
Keifer Controls, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
21 **5001 L.B. McLeod Rd., Orlando, FL 32811**
22 Suite, Apt. #, etc.
23 City & State
24 Zip Country
25

2a. Mailing Address
26 **Rt. 1 Box 150**
27 Suite, Apt. #, etc.
28 **Loose Creek, MO**
29 Zip Country
30 **65054 USA**

3. Date Incorporated or Qualified **4/25/94** 3a. Date of Last Report
4. FCI Number **59-3240317** 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

**Philip Kreutzer
5001 L.B. McLeod Road
Orlando, FL 32811**

10. Name and Address of New Registered Agent

81 Name **Philip Kreutzer**
82 Street Address (P.O. Box Number is Not Acceptable) **13554 Bristlecone Circle**
83
84 City **Orlando** FL 85 Zip Code **32828**

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 *Philip Kreutzer* DATE **May 15, 1996**

12. OFFICERS AND DIRECTORS

TITLE	Director	<input type="checkbox"/> DELETE
NAME	Patricia M. Garvey	
STREET ADDRESS	Rt. 1 Box 150	
CITY-ST-ZIP	Loose Creek, MO 65054	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Dale M. Stieferman	
STREET ADDRESS	P.O. Box 845	
CITY-ST-ZIP	Jefferson City, MO 65102	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	N/A Box 6 Loose Creek, Mo. 65054
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	Rt. 1 Box 144
24 CITY-ST-ZIP	Loose Creek, Mo. 65054
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 type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****225.00**

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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Pat Garvey Gen Mgr/Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-20-96
Date

05/15/96

CRE034 (12/95)