**FILED** 

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90234 005 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9800005262

1. Corporation Name

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TALL MADE CENTED HOLICING INC

HALLWARK SERIOR ROUSING,	(NC.			
Principal Place of Business	Mailing Address	·	T INDEFINACION CRIST FALLI CONTRACTOR DE LA CONTRACTOR DE	BOIDE SISIN ISDIA NICIA IEUL INDS
212-SOUTH CENTRAL #100	212 SOUTH CENTRAL #100			
ATTENTION: LAURENCE A. SCHIFFER ST. LOUIS MO 63105	ATTENTION: LAURENCE A. S ST. LOUIS MO 63105	SCHIFFER	DO NOT WRITE IN THE	S SPACE
			3. Date Incorporated or Qualifed 01/16/1998	_
2. Principal Place of Business	2a. Mailing Address	<del></del>	4. FEI Number	. Applied For
21 212 S. Central	26 212 S. Centr	al	36-4213278	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Suite 301	27 Suite 301		3. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year li	
24 25	29 30	<u>ol</u>	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Co	urrent Registered Agent	04  1	10. Name and Address of New Registerer	Agent
HANSON, KARL-8-JR		81 Name Th	neresa M. Kenney <b>Esa.</b>	
50 NORTH-LAURA STREET		82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
2800 BARNETT CENTER			0110 San Jose Blvd.	
JACKSONVILLE FL 32202		83		
SACKSOIVILLE I E SEZUE		84 City	acksonville, F	85 Zip Code 32257
44 December 14 American of Sociena 60	7 0502 and 607 1509. Florida Statutos	the above according	encestion automate this statement for the surroses of	f changing its registered
office or registered agent or how, in the sagent. I am familiar with, and accept the c	State of Florida. Such change was autrobligations of, Section 607.0505, Florid	norized by the corpora a Statutes.	tion's board of directors. Thereby accept the appr	ointment as registered
	to agent and title if Applicable. (NOTE: Re	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DELETE	1,1 TITLE	P/D	☐ Change 🔀 Addition
NAME	_	1.2 NAME	David L. Kirkland	
STREET ADDRESS	•	1,3 STREET ADDRESS	212 S. Central, Suite 301	
		1.4 CITY-ST-ZIP	St. Louis, MO 63105	
CITY-ST-ZIP	☐ DELETE	2.1 TITLE	V/P	☐ Change 🔀 Addition
NAME		2.2 NAME	Joseph Kenkel	
STREET ADDRESS		2.3 STREET ADDRESS	212 S. Central, Suite 301	,
CITY-ST-ZIP		2.4 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	☐ DELETE	3.1 TITLE	S/D	Change X Addition
NAME		3.2 NAME	Andrew S. Love	-
STREET ADDRESS		3.3 STREET ADORESS	212 S. Central, Suite 200	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	St. Louis, MO 63105	
MLE	☐ DELETE	4.1 TITLE	D	☐ Change 🙀 Addition
NAME		4. 2 NAME	Laurence A. Schiffer	
STREET ADDRESS		4.3 STREET ADDRESS	212 S. Central. Suite 200	
CITY-ST-ZIP		4,4 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	☐ DELETE	5.1 TITLE	T.	☐ Change ☐ Addition
NAME		5.2 NAME	Gloria D. Clement	•
STREET ADDRESS		5.3 STREET ADDRESS	212 S. Central, Suite 100	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Louis, MO 63105	
TITLE	☐ DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		

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 people as equired by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all phartics. Sention Housing, Inc.

6.4 CITY-ST-ZIP

4/26/99

Date

314/512-7952 Daytime Phone #