

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90160 014 \*\*\*150.00

0584318

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000005372**

1. Corporation Name

**PREMIER INTERNATIONAL COMPONENTS, INC.**

Principal Place of Business

Mailing Address

NO. 1 LEGGETT ROAD  
 CARTHAGE MI 64836

NO. 1 LEGGETT ROAD  
 CARTHAGE MI 64836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/16/1998

4. FEI Number

43-1804178

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

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Karl G. Glassman	
1.3 STREET ADDRESS	No. 1 Leggett Road	
1.4 CITY-ST-ZIP	Carthage Mo 64836	
2.1 TITLE	DSV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ernest C. Jett	
2.3 STREET ADDRESS	No. 1 Leggett Road	
2.4 CITY-ST-ZIP	Carthage, Mo 64836	
3.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kenneth W. Purser	
3.3 STREET ADDRESS	No. 1 Leggett Road	
3.4 CITY-ST-ZIP	Carthage, Mo 64836	
4.1 TITLE	VT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Michael A. Glauber	
4.3 STREET ADDRESS	No. 1 Leggett Road	
4.4 CITY-ST-ZIP	Carthage, Mo 64836	
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sheri L. Braddshaw	
5.3 STREET ADDRESS	No. 1 Leggett Road	
5.4 CITY-ST-ZIP	Carthage, Mo 64836	
6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert A. Jeffries, Jr.	
6.3 STREET ADDRESS	No. 1 Leggett Road	
6.4 CITY-ST-ZIP	Carthage, Mo 64836	

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, with all other like empowered.

SIGNATURE:

*Kenneth W. Purser* Kenneth W. Purser - Vice President 4/28/99 417-358-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)