FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -3 AM 9:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S07600** (7)

1. Corporation Name
SUGARMILL WOODS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1625 WEST MARION AVENUE PUNTA GORDA FL 33950-5276	515 OLIVE STE 1400 ST LOUIS MO 63101 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business
21: 8120 S. Suncoast Blvd.
22: Suite, Apt. #, etc.
23: City & State: Homosassa FL
24: Zip: 3446-6
25: Country: CITRUS

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0241422 ☐ 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 part of an affiliated group

9. Name and Address of Current Registered Agent

MCQUEEN, PAULA F.
1625 WEST MARION AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name: JAMES E. MOORE III
82 Street Address (P.O. Box Number is Not Acceptable): 1625 W MARION AVE
83: SUITE 2
84 City: PUNTA GORDA FL 85 Zip Code: 33950

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] JAMES E. MOORE III 5/9/95
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	P	11 TITLE	P and D	☒ Change ☐ Addition
NAME	SCHIFFER, LAURENCE A.	12 NAME		
STREET ADDRESS	515 OLIVE ST, STE 1400	13 STREET ADDRESS		
CITY-ST-ZIP	ST LOUIS MO	14 CITY-ST-ZIP		
TITLE	AS	21 TITLE	DELETE	☒ Change ☐ Addition
NAME	LLEWELLYN, DEBORAH F	22 NAME		
STREET ADDRESS	1625 WEST MARION AVE	23 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP		
TITLE	CS	31 TITLE	C and S and D	☒ Change ☐ Addition
NAME	LOVE, ANDREWS S. JR.	32 NAME		
STREET ADDRESS	515 OLIVE ST, STE 1400	33 STREET ADDRESS		
CITY ST ZIP	ST LOUIS MO	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	SCHIFFER, RODNEY M.	42 NAME		
STREET ADDRESS	515 OLOVE ST, STE 1400	43 STREET ADDRESS		
CITY-ST ZIP	ST LOUIS MO	44 CITY-ST ZIP		
TITLE	AS	51 TITLE	A S and T	☒ Change ☐ Addition
NAME	CLEMENT, GLORIA D.	52 NAME		
STREET ADDRESS	515 OLOVE ST., STE 1400	53 STREET ADDRESS		
CITY ST ZIP	ST LOUIS MO	54 CITY-ST-ZIP		
TITLE		61 TITLE	ASSISTANT TREASURER	☐ Change ☒ Addition
NAME		62 NAME	ANNETTE M. WEBB	
STREET ADDRESS		63 STREET ADDRESS	515 OLIVE STREET, SUITE 1400	
CITY ST ZIP		64 CITY-ST-ZIP	ST LOUIS, MO 63101	

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)(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: Rodney M. Schiffer 5-10-95 314-982-0780
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0388818 CP