SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # S07600 (7)

1. Corporation Name

SUGARMILL WOODS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8120 S SUNCOAST BLVD HOMOSASSA FL 34446 US	515 OLIVE STE 1400 ST LOUIS MO 63101 US

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 08/03/1995
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

2. Principal Place of Business	2a. Mailing Address
21	26 212 South Central
Suite, Apt #, etc 22	Suite, Apt #, etc 27 Suite 100
City & State 23	City & State 28 St. Louis, MO
Zip 24 Country 25	Zip 29 63105 Country 30

9. Name and Address of Current Registered Agent

JAMES E MOORE III
1625 W MARION AVE
STE 2
PUNTA GORDA FL 33950

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

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	SCHIFFER, LAURENCE A	1.2 NAME	
STREET ADDRESS	515 OLIVE ST STE 1400	1.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	CSD ☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	LOVE, ANDREWS S. JR.	2.2 NAME	
STREET ADDRESS	515 OLIVE ST, STE 1400	2.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	VP ☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	SCHIFFER, RODNEY M.	3.2 NAME	
STREET ADDRESS	515 OLOVE ST, STE 1400	3.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	T ☐ DELETE	4.1 TITLE	Assistant Treasurer ☑ Change ☐ Addition
NAME	ANNETTE M WEBB	4.2 NAME	Annette Kovarik
STREET ADDRESS	515 OLIVE ST STE 1400	4.3 STREET ADDRESS	212 South Central, Suite 100
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	St. Louis, MO 63105
TITLE	☐ DELETE	5.1 TITLE	Treasurer & Asst Sec ☑ Change ☐ Addition
NAME		5.2 NAME	Gloria D. Clement
STREET ADDRESS		5.3 STREET ADDRESS	212 South 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	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, 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 8-5-96 314-512-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #