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 # **S71900** **(2)**

1. Corporation Name

P.S.B. HOLDINGS, INC.

Principal Place of Business
260 LINN CREEK RD.
FOUR SEASONS MO 65049

Mailing Address
260 LINN CREEK RD.
FOUR SEASONS MO 65049

3. Date Incorporated or Qualified: **08/05/1991**

3a. Date of Last Report: **02/08/1995**

2. Principal Place of Business
21 LODGE OF THE FOUR SEASONS
Suite, Apt. #, etc 22 STATE RT HH
City & State 23 LAKE OZARK MO
Zip 24 65049 Country 25 U.S.

2a. Mailing Address
26 P.O. BOX 430
Suite, Apt. #, etc 27
City & State 28 LAKE OZARK, MO
Zip 29 65049 Country 30 U.S.

4. FEI Number: **59-3125399** ☐ 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

PUFFER, JOHN W III
101 EAST KENNEDY BLVD., SUITE 2500
BARNETT PLAZA
TAMPA FL 33602

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's signature required if not typed above) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BROWN, PETER N	
STREET ADDRESS	ROUTE HH & CAROL ROAD	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	SD	☐ DELETE
NAME	BROWN, SUSAN K	
STREET ADDRESS	LODGE OF FOUR SEASONS, STATE ROUTE HH	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE	D	☐ DELETE
NAME	MARANO, D.F.	
STREET ADDRESS	ROUTE HH & CAROL ROAD	
CITY-ST-ZIP	LAKE OZARK MO 65049	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

SIGNATURE: D. F. Marano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-96
Date

573-365-0556
Daytime Phone #

CR2E034 (12/95)