

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06601** (9)  
1. Corporation Name  
**W & R INSURANCE AGENCY, INC.**



Principal Place of Business <b>6300 LAMAR P. O. BOX 29217 SHAWNEE MISSION KS 66201-6217</b>	Mailing Address <b>6300 LAMAR P. O. BOX 29217 SHAWNEE MISSION KS 66201-6217</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1985</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>43-1357226</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WILLIAMS, ROBERT</b>			1.2 NAME			
STREET ADDRESS	<b>26950 W 108TH ST</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OLATHE KS</b>			1.4 CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>HECHLER, ROBERT L.</b>			2.2 NAME			
STREET ADDRESS	<b>6027 LOCTON LANE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FAIRWAY KS 66205</b>			2.4 CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PAPPERS, SHARON K.</b>			3.2 NAME			
STREET ADDRESS	<b>13101 BENSON ST</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>OVERLAND PARK KS</b>			3.4 CITY-ST-ZIP			
TITLE	VPAS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BURFORD, DAVID R.</b>			4.2 NAME			
STREET ADDRESS	<b>1902 N.W. 45TH TERRACE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PARKVILLE MO 64150</b>			4.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GABEHART, MARSHA</b>			5.2 NAME			
STREET ADDRESS	<b>20205 14TH ST. N.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>INDEPENDANCE MO 64058</b>			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>GERKEN, MICHAEL</b>			6.2 NAME			
STREET ADDRESS	<b>1101 W 102ND TERRACE</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>KANSAS CITY MO</b>			6.4 CITY-ST-ZIP			

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98 (913)236-1966

CR2E034 (10/97)

**W & R INSURANCE AGENCY**  
**DIRECTORS AND OFFICERS**

<b>Robert J. Williams, Jr.</b> <b>SS# 528-60-6637</b>	<b>President and Director</b>	<b>26950 W. 108th Street</b> <b>Olathe, KS 66061</b>
<b>Robert L. Hechler</b> <b>SS# 321-30-5446</b>	<b>Vice President, Treasurer,</b> <b>and Director</b>	<b>6027 Lockton Lane</b> <b>Fairway, KS 66205</b>
<b>Sharon K. Pappas</b> <b>SS# 513-58-4413</b>	<b>Vice President, Secretary,</b> <b>and Director</b>	<b>13101 Benson St.</b> <b>Overland Park, KS 66213</b>
<b>David R. Burford</b> <b>SS# 488-54-6130</b>	<b>Vice President, and</b> <b>Assistant Secretary</b>	<b>8015 N.W. Lakeview Dr.</b> <b>Parkville, MO 64152</b>
<b>Marsha R. Gabehart</b> <b>SS# 486-54-5400</b>	<b>Vice President, and</b> <b>Assistant Secretary</b>	<b>20205 14th Street North</b> <b>Independence, MO 64056</b>
<b>Michael G. Gerken</b> <b>SS# 495-48-3360</b>	<b>Assistant Secretary</b>	<b>1101 W. 102th Terrace</b> <b>Kansas City, MO 64145</b>