

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90033 035 \*\*\*150.00

DOCUMENT # P06601

1. Corporation Name

W & R INSURANCE AGENCY, INC.

Principal Place of Business

6300 LAMAR  
P. O. BOX 29217  
SHAWNEE MISSION KS 66201-6217

Mailing Address

6300 LAMAR  
P. O. BOX 29217  
SHAWNEE MISSION KS 66201-6217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1985

4. FEI Number

43-1357226

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 26950 W 108TH ST  
CITY-ST-ZIP OLATHE KS

TITLE VTD  
NAME HECHLER, ROBERT L.  
STREET ADDRESS 6027 LOCTON LANE  
CITY-ST-ZIP FAIRWAY KS 66205

TITLE VPSD  
NAME PAPPERS, SHARON K.  
STREET ADDRESS 13101 BENSON ST  
CITY-ST-ZIP OVERLAND PARK KS

TITLE VPAS  
NAME BURFORD, DAVID R.  
STREET ADDRESS 1902 N.W. 45TH TERRACE  
CITY-ST-ZIP PARKVILLE MO 64150

TITLE VAS  
NAME GABEHART, MARSHA  
STREET ADDRESS 20205 14TH ST. N.  
CITY-ST-ZIP INDEPENDANCE MO 64056

TITLE AS  
NAME GERKEN, MICHAEL  
STREET ADDRESS 1101 W 102ND TERRACE  
CITY-ST-ZIP KANSAS CITY MO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Hechler 4/21/99 (913) 236-1966

Date

Daytime Phone #

CR2E034 (11/98)

544967-90033-35

#P06601

**W & R INSURANCE AGENCY, INC.**  
**DIRECTORS AND OFFICERS**

|                         |  |
|-------------------------|--|
| Robert J. Williams, Jr. | President and Director                         |
| Robert L. Hechler       | Vice President, Treasurer, and Director        |
| Helge K. Lee            | Vice President, Secretary, and General Counsel |
| David R. Burford        | Vice President, and Assistant Secretary        |
| Marsha R. Gabehart      | Vice President, and Assistant Secretary        |
| Michael G. Gerken       | Assistant Secretary                            |

All Officers and Directors listed above are located at:

6300 Lamar Avenue  
Shawnee Mission, KS 66202