

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 681460 (2)

1. Corporation Name

FIRST AMERICAN WARRANTY CORPORATION OF FLORIDA

95 MAY - 1 AM 11:30

Principal Place of Business

Mailing Address

**% PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
TALLAHASSEE FL 32301
US**

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1201 HAYES ST
TALLAHASSEE FL 32301
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 43-1263657	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 3100 Broadway 27 Suite 1000 28 Kansas City, Missouri 29 Zip 30 64111
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 the if applicable) (NOTE: Registered Agent Signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	TD POINTER, JOHN D 3100 BROADWAY, STE 1000 KANSAS CITY, MO 0	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY ST ZIP	Treasurer ☒ Change ☐ Addition John D. Pointer 3100 Broadway, Suite 1000 Kansas City, MO 64111
TITLE NAME STREET ADDRESS CITY ST ZIP	PD COOKE, THORNTON II 3100 BROADWAY, STE 1000 KANSAS CITY MO	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	☒ Change ☐ Addition Chairman of the Board/Director Thorton Cooke II 3100 Broadway, Suite 1000 Kansas City, MO 64111
TITLE NAME STREET ADDRESS CITY ST ZIP	S SPENCER, RICHARD H 77 LEMANS CT. PRAIRIE VILLAGE KS	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD RANDAL KENT ANDERSON 3100 BROADWAY STE 1000 KANSAS CITY MO	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	☒ Change ☐ Addition President/Director Randal Kent Anderson 3100 Broadway, Suite 1000 Kansas City, MO 64111
TITLE NAME STREET ADDRESS CITY ST ZIP	VP MOHLER, JOHN D 3100 BROADWAY, STE 1000 KANSAS CITY MO	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D HOLFERTY, KENNETH J 3100 BROADWAY, STE 1000 KANSAS CITY MO	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	☐ Change ☐ Addition

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 110.07(3)(b), 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: *Richard H. Spencer*

Richard H. Spencer

5/17/95

(816) 292-8140

Date Officer/Phone #