

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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90074 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F19354 ✓

1. Corporation Name

PERRY PROTECTION SERVICES, INC.

Principal Place of Business

Mailing Address

2330 Shawnee Mission Pkwy.  
 Westwood, KS 66205  
 US

903 E. 104th Street  
 Mailstop: MOKCMW0609  
 Kansas City, MO 64131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified	Applied For
02/12/1981	Not Applicable
4. FEI Number	
59-2099748	
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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	
TITLE	PD
NAME	JENSEN, DON A
STREET ADDRESS	2330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	WESTWOOD, KS 66205
TITLE	V
NAME	HYDE, MICHAEL T
STREET ADDRESS	2330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	WESTWOOD, KS 66205
TITLE	T
NAME	STRANDJORD, MJ
STREET ADDRESS	2330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	WESTWOOD, KS 66205
TITLE	AS
NAME	LOVE, CAROLYN S
STREET ADDRESS	2330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	WESTWOOD, KS 66205
TITLE	VPS
NAME	O'NEIL, MARION W
STREET ADDRESS	2330 SHAWNEE MISSION PKWY
CITY - ST - ZIP	WESTWOOD, KS 66205
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	8140 Ward Parkway
3.4 CITY - ST - ZIP	Kansas City, MO 64114
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	Daniel E. Doherty
5.3 STREET ADDRESS	2330 Shawnee Mission Pkwy
5.4 CITY - ST - ZIP	Westwood, KS 66205
6.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
6.2 NAME	Mark V. Beshears
6.3 STREET ADDRESS	903 E. 104th Street
6.4 CITY - ST - ZIP	Kansas City, MO 64131

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:

*Mark Beshears*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99  
 Date

(816) 854-7646  
 Daytime Phone #