

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000003035 (3)

1. Corporation Name
AGENCY PREMIUM RESOURCE, INC.

Principal Place of Business

8245 NIEMAN RD #100
LENEXA KS 66214

Mailing Address

PO BOX 14708
SHAWNEE MISSION KS 66285-4708
US

FILED

98 APR -9 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1993

4. FEI Number

48-1048827

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent must be a resident of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME MCCARTER, C. TED
STREET ADDRESS 2108 ARNO RD
CITY-ST-ZIP MISSION HILLS KS

TITLE VP ☐ DELETE

NAME SERPE, LEREY A
STREET ADDRESS 3104 W. 130TH ST
CITY-ST-ZIP LEAWOOD KS

TITLE VPD ☐ DELETE

NAME MODSCHIEDLER, ARTHUR N
STREET ADDRESS 7715 MONROVIA
CITY-ST-ZIP LENEXA KS 66216

TITLE ST ☐ DELETE

NAME RANDALL, HICKMAN D
STREET ADDRESS 9124 WEST 128TH TERR
CITY-ST-ZIP OVERLAND PARK KS

TITLE P ☐ DELETE

NAME ONEIL TIMOTHY A
STREET ADDRESS 12204 CARTER
CITY-ST-ZIP DERLAND PARK KS

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

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

3000002491199-3

04/16/98-01407-008

***150.00 ***150.00

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

Director
mark A. Foltz
9914 NW Blum Rd
Parkville mo 64152

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:

3-19-98

CR2E034 (10/97)