

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **F94000001090**

Corporation Name

FIRST ADVANTAGE INSURANCE AGENCY, INC.

Principal Place of Business

0 SW HARRISON ST.
TOPEKA KS 66636

Mailing Address

700 SW HARRISON ST.
TOPEKA KS 66636

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90011 042 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
26		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
27		27	
City & State		City & State	
28		28	
Zip	Country	Zip	Country
25	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL	
		85 Zip Code	

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DE	DP RYAN, RICHARD K 700 SW HARRISON ST. TOPEKA KS 66636	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		1.2 NAME	
DE		1.3 STREET ADDRESS	
DE		1.4 CITY-ST-ZIP	
DE	S LEE, AMY J 700 SW HARRISON ST. TOPEKA KS 66636	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		2.2 NAME	
DE		2.3 STREET ADDRESS	
DE		2.4 CITY-ST-ZIP	
DE	TD SCHMANK, JAMES R 700 SW HARRISON ST. TOPEKA KS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		3.2 NAME	
DE		3.3 STREET ADDRESS	
DE		3.4 CITY-ST-ZIP	
DE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		4.2 NAME	
DE		4.3 STREET ADDRESS	
DE		4.4 CITY-ST-ZIP	
DE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		5.2 NAME	
DE		5.3 STREET ADDRESS	
DE		5.4 CITY-ST-ZIP	
DE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DE		6.2 NAME	
DE		6.3 STREET ADDRESS	
DE		6.4 CITY-ST-ZIP	

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 REQUIRED

8/17/99

(785)431-3000

CR2E034 (5/99)