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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

F95000003600 (2)

MODEON	CACHAITV	INCLIDANCE	AGENCY INC.	
MODERN	CASUALIY	INSUKANCE	AGENCY INC.	

Country

Jackson

9. Name and Address of Current Registered Agent

25

C T CORPORATION SYSTEM

**PLANTATION FL 33324** 

1200 SOUTH PINE ISLAND ROAD

Principal Place of Business

Mailing Address

2a. Mailing Address

2350

City & State

Ζıp

Suite, Apt. #, etc.

64105

26

27

29

330 2ND AVE S #790 MINNEAPOLIS MN 55401

2. Principal Place of Business

1100 Main St.

Kansas City, MO

Suite, Apt. #, etc.

2350

City & State

64105

22

23

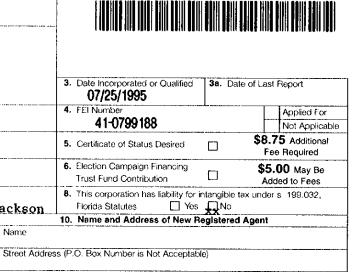
24

330 2ND AVE \$ #790 MINNEAPOLIS MN 55401

1100 Main St.

Kansas City, MO

30



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.

82

83

Jackson

Name

City

SIGNATURE _	Signature, typed or printed name of reci∾tered agent and tite if	annikabk (NO)	E: Rog stered Agent signature i	required when reinstating) DATI		
12.	OFFICERS AND DIRECTORS		13.	AND DIRECTORS IN 12		
TITLE	DCP	☐ DELETE	1. 1 117LE	DCP	Change	☐ Addition
NAME	DAVIDSON, DONALD D		1.2 NAME	Davidson, Donald D.		
STREET ADDRESS	330 2ND AVE S #790		1.3 STREET ADDRESS	1100 Main St., Suite 2350		
CITY-ST-ZIP	MINNEAPOLIS MN 55401		1.4 CITY-ST-ZIP	Kansas City, MO 64105		
TITLE	DCV	DELETE	2. 1 TITLE		☐ Change	Addition
NAME	HARRISON, ROGER D		2.2 NAME			
STREET ADDRESS	330 2ND AVE S #790		2.3 STREET ADDRESS			
CITY-ST-ZIP	MINNEAPOLIS MN 55401		2.4 CHTY-ST-ZIP			
TITLE	DST	☐ DELETE	3 1 111LE	DST	Change	Addition
NAME	FERCHO, IVAN		3.2 NAME	Anderson, Dean		
STREET ADDRESS	330 2ND AVE S #790		33 STREET ADDRESS	1100 Main St., Suite 2350	١	
CITY-ST-ZIP	MINNEAPOLIS MN 55401		3 4 CITY-S1-ZIP	Kansas City, MO 64105	,	
TITLE		DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
DITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5. 1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 City-St-ZiP			
TITLE		DELETE	6. 1 THILE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 DitY-51, 7IP			

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 119.07(3)(k), 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 3 if changed, or on an attachment with an address.

SIGNATURE:

Moders NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dean Anderson

5/9/96 816-221-9744

Date

CR2E034 (12/95)

Zip Code

85