Requestor's Name



MISSOURI RISK SERVICES GROUP

3100 Broadway, Suite 202 Kansas City, MO 64111

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S), ((if known)):
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1(Cor	poration Name)	(Docum	ent #)	
_	poration Name)	(Docum	·	
3(Cor	poration Name)	(Docum	ent #)	
4(Cor	poration Name)	(Docum	ent #)	
□ Walk in	Pick up time		Certified Copy	
		Photocopy	Certificate of Status 2237501025012 ******87.50 ******87.50	9
NEW FILINGS	AMENDME	NTS FARM	*****87.50 *****87.5	50
Profit	Amendment		50000	æ
NonProfit	Resignation of R	.A., Officer/ Director	*************************************	75_
Limited Liability	Change of Regis	tered Agent		
Domestication	Dissolution/With	ndrawal)		
Other	Merger			
OTHER FILINGS Annual Report Fictitious Name Name Reservation	Foreign Limited Partners Reinstatement Trademark Other	CATION	FILED 97 JUN 25 PH 12: 24 SECRETARY OF CTATE TALLAHASSEE, FLORIDA	

Examiner's Initials

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APPLICATION BY FOREIGH OF AUTHORITY TO TRANSA			
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	•	76.	<u>,</u> '
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Missouri Risk Service	s Group, Inc.	77.	<u>~~</u>
1)	Name of Corporation)		-
	Missouri	ر المراجعة	·.
Ancor	porated Under Laws Of	3	<u> </u>
(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	7
This corporation is no longer transacting l			
and hereby voluntarily surrenders its aut	hority to transact bu	asiness or conduct affairs in Flor	ida.
This corporation revokes the authority	of its registered age	ent in Florida to accept service or	. ;+.
behalf and appoints the Department of Sta			
action arising during the time it was auth			
5			
The following is a current mailing addre	ss to which the Dep	partment of State may mail a copy	y of
any process against this corporation that	may be served on the	he Department.	
250 East Park Avenue			
	(Mailing Address)		_
	(,	•	
Lake Wales, Florida	33853		
	(City/ State /Zip)		_
The corporation agrees to notify the Department	ertment of State in the	he future of any change in its mai	ling
address.	7		
	/		
(Klar V	M_	President	
Signature		Title	
•			
Allan F. Brooks		6/20/97	
Typed or printed name	<u> </u>	Date	
-3			