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FILED
Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **F95000006303 (0)**

1. Corporation Name

KANSAS RISK SERVICES GROUP, INC.

Principal Place of Business

**P.O. BOX 2368
LAKE WALES FL 33859-2368**

Mailing Address

**P.O. BOX 2368
LAKE WALES FL 33859-2368**

3. Date Incorporated or Qualified
12/27/1995

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

48-1149502

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GILBERT, BRUCE J
250 EAST PARK AVENUE
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **POB-President/Director** ☐ DELETE
NAME **BROOKS, ALLAN F**
STREET ADDRESS **737 CARLTON AVENUE**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **VD** ☐ DELETE
NAME **GILBERT, BRUCE J**
STREET ADDRESS **1009 YARNELL**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **TD** ☐ DELETE
NAME **BORGLAND, TERRY R**
STREET ADDRESS **1406 LAKEVIEW**
CITY-ST-ZIP **LAKE WALES FL**

TITLE **S** ☐ DELETE
NAME **SMITH, DEANA M**
STREET ADDRESS **848 WILDABON AVENUE**
CITY-ST-ZIP **LAKE WALES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Asst. Vice President** ☐ Change ☒ Addition
1.2 NAME **Louis Gutierrez**
1.3 STREET ADDRESS **244 E. Park Avenue**
1.4 CITY-ST-ZIP **Lake Wales, FL 33853**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 unchanged or on an attachment with an address.

SIGNATURE:

ALLAN F. BROOKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97 (800) 989-7515

Date

Daytime Phone #

0394845

CR2E034 (9/96)