

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

FILED
Feb 26 1998 8:00am
Secretary of State

DOCUMENT # F95000006303 (0)

1. Corporation Name

KANSAS RISK SERVICES GROUP, INC.



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1995

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



Yes



No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Anthony K. Mathewson

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

250 E. Park Avenue

83

84 City

Lake Wales

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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)

2-19-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BROOKS, ALLAN F
STREET ADDRESS 737 CARLTON AVENUE
CITY-ST-ZIP LAKE WALES FL

DELETE

1.1 TITLE President/Director
1.2 NAME Mathewson, Anthony K.
1.3 STREET ADDRESS 250 E. Park Avenue
1.4 CITY-ST-ZIP Lake Wales, FL 33853

Change

Addition

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

DELETE

2.1 TITLE Vice President
2.2 NAME Bradley, Helene M.
2.3 STREET ADDRESS 250 E. Park Avenue
2.4 CITY-ST-ZIP Lake Wales, FL 33853

Change

Addition

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

DELETE

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

Change

Addition

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

DELETE

4.1 TITLE Secretary
4.2 NAME Browning, Kimberly A.
4.3 STREET ADDRESS 250 E. Park Avenue
4.4 CITY-ST-ZIP Lake Wales, FL 33853

Change

Addition

TITLE AVP
NAME GUTIERREZ, LOUIS
STREET ADDRESS 244 E PARK AVE
CITY-ST-ZIP LAKE WALES FL

DELETE

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

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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

Change

Addition

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

Anthony K. Mathewson

2-19-98

(688) 394-9767

CP2E034 (10/97)