

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State
 03-03-2000 90014 047 ***150.00

DOCUMENT # F99000003263

1. Entity Name
MJK INSURANCE AGENCY, INC.

Principal Place of Business Mailing Address
 1115 E. STATE HWY D P.O. BOX 231
 TURNERS MO 65765 TURNERS MO 65765-0231

00004401



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 43-1839095 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired - <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---------------------------|---------------------------------|---|--|---|
| TITLE | DP | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, JAMES E | | NAME | | |
| STREET ADDRESS | 4359 E. WHITEHALL DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRINGFIELD MO 65809 | | CITY-ST-ZIP | | |
| TITLE | DAS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, PAUL | | NAME | | |
| STREET ADDRESS | 1151 W. ROSEDALE | | STREET ADDRESS | | |
| CITY-ST-ZIP | NIXA MO 65714 | | CITY-ST-ZIP | | |
| TITLE | DTAS | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, JON S | | NAME | | |
| STREET ADDRESS | 2325 LIVE OAKS DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | LITTLE ROCK AR 72223-9343 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ADAMS, HELEN | | NAME | | |
| STREET ADDRESS | 4359 E. WHITEHALL DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | SPRINGFIELD MO 65809 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 2/14/00 (417) 883-2688
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)