

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90019 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03571

1. Corporation Name

PREMIUM FINANCING SPECIALISTS, INC.

Principal Place of Business

**333 WEST 11TH STREET
SUITE 100
KANSAS CITY MO 64105
US**

Mailing Address

**333 WEST 11TH STREET
SUITE 100
KANSAS CITY MO 64105
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1984

4. FEI Number

43-1039872

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
CHARBONNEAU, THOMAS J.
6411 HILLSIDE
SHAWNEE KS 66218**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
ANDRES, BRYAN J
5011 MCCOY
SHAWNEE KS 66226**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**ST
DARVEAUX, NORENE
1200 W. NETTLETON
INDEPENDENCE MO**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
MERRIMAN, MICHAEL A.
6435 INDIAN LANE
SHAWNEE MISSION KS**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**V
FELLER, DAVID J.
867 EAST FIRST STREET
PECULIAR MO**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
MULLER, GARY L.
2102 W 67 TERRACE
SHAWNEE MISSION KS**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

816 391 2352

Daytime Phone #

CR2E034 (11/98)