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CORPORATION ANNUAL REPORT 1995

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

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DOCUMENT # P22100 (2)

1. Corporation Name
SENIOR SECURITY BENEFITS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~125 S. BROADVIEW SUITE 11~~<br>P O BOX 878<br>CAPE GIRARDEAU MO 63702-0878 | ~~125 S. BROADVIEW SUITE 11~~<br>P O BOX 878<br>CAPE GIRARDEAU MO 63702-0878 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 12/13/1988 | 3a. Date of Last Report: 01/25/1994 |
| 2. Principal Place of Business<br>21 2560 Independence St<br>Suite, Apt. #, etc.<br>22 P O Box 878<br>City & State<br>23 Cape Girardeau MO<br>Zip 24 63702-0878 Country 25 Cape Gir | 2a. Mailing Address<br>26 2560 Independence St<br>Suite, Apt. #, etc.<br>27 P O Box 878<br>City & State<br>28 Cape Girardeau MO<br>Zip 29 63702-0878 Country 30 Cape Gir |
| 4. FEI Number: 43-1428661 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| DARBY, RICHARD<br>209 W. LEE<br>MILTON FL 32570 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PV MA | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAVAULT, ROGER DALE | 1.2 NAME | |
| STREET ADDRESS | PO BOX 504, HWY 34 N/A | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARBLE HILL MO 63764 | 1.4 CITY-ST-ZIP | |
| TITLE | TD MA | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | DAVAULT, ROGER DALE | 2.2 NAME | |
| STREET ADDRESS | P O BOX 504, HWY 34 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MARBLE HILL MO 63764 | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MOORE, WANDA FAYE | 3.2 NAME | |
| STREET ADDRESS | 2530 PEACH TREE ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE GIRARDEAU MO 63701 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | DOYLE, RAY EUGENE | 4.2 NAME | D |
| STREET ADDRESS | ~~2142 KENNETH~~ | 4.3 STREET ADDRESS | Doyle, Ray Eugene |
| CITY-ST-ZIP | CAPE GIRARDEAU MO | 4.4 CITY-ST-ZIP | 1811 Westridge<br>Cape Girardeau MO 63701 |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Roger D. Davault 1-31-95 314-335-5630
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Title Daytime Phone #

0400007 FN