

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22100 (2)**

1. Corporation Name  
**SENIOR SECURITY BENEFITS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2500 INDEPENDENCE ST                  P O BOX 878                  CAPE GIRARDEAU MO 63702-0878                  US</b>	Mailing Address <b>2500 INDEPENDENCE ST                  P O BOX 878                  CAPE GIRARDEAU MO 63702-0878                  US</b>
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3. Date Incorporated or Qualified <b>12/13/1988</b>	4. FEI Number <b>43-1428661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**DARBY, RICHARD  
 209 W. LEE  
 MILTON FL 32570**

10. Name and Address of New Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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 \_\_\_\_\_  
 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>PV</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVAULT, ROGER DALE</b>	
STREET ADDRESS	<b>P O BOX 504, HWY 34 N/A</b>	
CITY - ST - ZIP	<b>MARBLE HILL MO</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVAULT, ROGER DALE</b>	
STREET ADDRESS	<b>P O BOX 504, HWY 34 N/A</b>	
CITY - ST - ZIP	<b>MARBLE HILL MO</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, WANDA FAYE</b>	
STREET ADDRESS	<b>2530 PEACH TREE ST</b>	
CITY - ST - ZIP	<b>CAPE GIRARDEAU MO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DOYLE, RAY EUGENE</b>	
STREET ADDRESS	<b>1811 WESTRIDGE</b>	
CITY - ST - ZIP	<b>CAPE GIRARDEAU MO</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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, or in an attachment, or in an attachment with an address.

SIGNATURE \_\_\_\_\_ **1-21-98 573-335-5130**

CR2E084 (10/97)