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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P22100

SENIOR SECURITY BENEFITS, INC.

Principal Place of Business		Mailing Address			((((((((((((((((((((113 60 14 8 1841 010	JI B FB11 BIB 11 B	1811 61811 1881
-2500-INDEPENDENCE ST		2500 INDEPENDENCE ST P O BOX 878-						
P O BOX 878 -				DO NOT WRITE IN THIS SPACE				
CAPE GIRARDEAU MO 63702-0 070- US		Cape Girardeau Mo 63702 -0670 Us		3. Date Incorporated or Qualifed				
US		00			12/13/1988			
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
21 824 INDEPENDENCE		26 PO BOX 1520		43-1428661		No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 A	dditional	
PO BOX 1520		27		5. Certifcate of Status Desired		Fee Re	quired	
City & State		City & State		6. Election Campaign Financing		\$5.00		
23 CAPE GIRARDEAU MO		28 CAPE GIRARD			Trust Fund Contribution		Added to	o Fees
Zip Country		Zip Country		8. This corporation owes the curre			K]No	
63702-			US US		Personal Property Tax.			TO INO
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Name and Address of New R	tegistered A	Acut.	
DAE	RBY, RICHARD		"	INGINO				
209 W. LEE			82	Street	Address (P.O. Box Number is Not Accepta	ible)		
	TON FL 32570		83					· sti
ITHE.	70,7 72 020.0							
			84	City		FL	85 Zip C	Code .
44 5	to the previous of Continue 607 050	2 and 607 1609 Florida Statutes	the abov	e-named	corporation submits this statement for the	purpose of c	hanging its	registered
office or a	registered agent, or both, in the State :	of Florida. Such change was aut	horized by	the corpo	pration's board of directors. I hereby accep	t the appoint	ment as reg	gistered
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florid	a Statutes	5.				
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	tegistered Age	nt signature re	equired when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	RS IN 12
TITLE	PV	☐ DELETE	1,1 TITLE		PV		☐ Change	Addition
NAME	DAVAULT, ROGER DALE		1.2 NAME		DAVAULT ROGER DALE			
STREET ADDRESS	P O BOX 504, HWY 34 N/A		1.3 STREE	T ADORESS	HWY: 34, PO BOX 504			
CITY-ST-ZIP	MARBLE HILL MO		1.4 CITY-ST-ZIP		MARBLE HILL MO 63764			
TITLE	TD	☐ DELETE	2.1 TITLE		TD		Change	
NAME	DAVAULT, ROGER DALE		2.2 NAME		(same as sbove)			
STREET ADDRESS	P O BOX 504, HWY 34 N/A		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	MARBLE HILL MO		2. 4 CITY-	ST-ZIP				C Addition
TITLE	SD	☐ DELETE	3.1 TITLE		•		Change	☐ Addition
NAME	MOORE, WANDA FAYE		3.2 NAME					
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	CAPE GIRARDEAU MO	Toriere	3.4. CITY-	ST-ZIP			Change	Addition
TITLE	D	DELETE	4.1 TITLE				☐ Change	
NAME	DOYLE, RAY EUGENE		4. 2 NAME					
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	CAPE GIRARDEAU MO	DELETE	4.4 CITY-5 5.1 TITLE	ST-ZIP			☐ Change	Addition
TITLE			5.1 NAME					
NAME				T ADDRESS	•			
STREET ADDRESS			5.4 CITY - S				,	
CITY-ST-ZIP TITLE		☐ DELETÉ	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
			6.3 STREE	T ADDRESS				
STREET ADDRESS								

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 comporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

TOTALUKE ROGER D DAVAULT SIGNATURE

1-06-98

573-335-5630

Daylime Phone #