03-10-1999 90003 007 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

וטטטטו	MEN # P288/8	5				•			
1. Corporation Name LOCKTON COMPANIES, INC.						•			
Principal Place of Business Mailing Address						. I idelian the tient leist latt (see, ion at	1) Elett Gibit Armis er	1811 61911 1691	
7400 STATE LINE PO BOX 419351									
PRAIRIE VILLAGE KS 66208 KANSAS CITY MO 64141-6351			351			•		\$	
THE FILES	DE 110 10000	US				DO NOT WRITE IN TH	IIS SPACE		
						Date Incorporated or Qualifed		:,`	
						04/06/1990		*	
2. Principal P	Place of Business	2a. Mailing Address			_	4. FEI Number	Apr	plied For	
<u>.</u>	ì	26				48-0763803	No	t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A		
_ ` ` `		27	-			5. Certificate of Status Desired	Fee Re	quired	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	Mav Be	
23	-, -ii) u oiai-		•			Trust Fund Contribution	Added to	•	
Zip	Country Zip		Coun	Country		8. This corporation owes the current year	Intangible		
	25	29	30	•		Personal Property Tax.		□No	
24]	9. Name and Address of Curre		1301			10. Name and Address of New Registers	ed Agent		
-	3. Name and Address of Curre	tir registered Agent		81	Name			••••	
CT CORPORATION SYSTEM									
1200 S. PINE ISLAND ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324									
PLANTATION PL 33324				83		'	Ť		
	,		- t	84	City		85 Zip C	Code	
					•		L		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the ab	ove-	named corpo	oration submits this statement for the purpose	of changing its	registered	
	registered agent, or both, in the State am familiar with, and accept the oblig				ne corporatio	in's board of directors. I hereby accept the ap	politicine as reg	gistorea	
=	•								
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applicable. (NOTE	: Registered A	Agent s	signature required	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 13					ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO		
TITLE	DCEO	DELETE	1.1 TITL	LE			Change	☐ Addition	
NAME	LOCKTON, J T	1.2		ME.					
	FORE CHECK HILL DO			1.3 STREET ADDRESS		•			
STREET ADDRESS		. The 		Y-ST-	1				
CITY-ST-ZIP		☐ DELETE	2,1 TITI		ZIP		☐ Change	Addition	
TITLE	VD	□ pereie				, ,		_	
NAME	OSBORNE, DON G.	•	2.2 NA				-		
STREET ADDRESS	1		2.3 STF	REETA	ADDRESS	and the same of th			
CITY-ST-ZIP	LEAWOOD KS			2.4 CITY-ST-ZIP					
TITLÉ	PD	☐ DELETE	3.1 1111	LE	1		☐ Change	☐ Addition	
NAME	LOCKTON, DAVID M		3 2 NAI	ME					
STREET ADDRESS	***		3.3 STF	REETA	ADDRESS				
CITY-ST-ZIP	MISSION HILLS KS 66208		3.4. CIT	TY-ST-	-ZIP				
TITLE	VD	☐ DELETE	4,1 TITI				☐ Change	☐ Addition	
NAME	BROOKS, R. PATRICK	_ `	4. 2 NA		ļ				
					ADDRESS				
STREET ADDRESS	TESTICO COOT TESTIONES			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
CITY-ST-ZIP	MISSION HILLS KS	DELETE			ZIP		☐ Change	Addition	
TITLE	VSTD	[] DELETE	5.1 1111						
LIALIF.	LDUCT MUCHAEL C		5.2 NA	ME:	ī	•			

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. Our her 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 of the receiver of 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 changes, into a state of the corporation of the corporation

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FROST, MICHAEL C

LEAWOOD KS 66209

12019 PAWNEE

DELETE

Michael C. Frost 3/20/99 913-676-9000