

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 27 PM 3:01

DOCUMENT # **P33561** (2)

1. Corporation Name
TRIP MATE INSURANCE AGENCY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3100 BROADWAY STE 805 KANSAS CITY MO 64111

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9225 Ward Parkway		2a. Mailing Address 26 9225 Ward Parkway		3. Date Incorporated or Qualified 04/12/1991	3a. Date of Last Report 03/07/1994
Suite, Apt. #, etc. 22 2nd Floor		Suite, Apt. #, etc. 27 2nd Floor		4. FEI Number 44-1062722	
City & State 23 Kansas City, MO		City & State 28 Kansas City, MO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 64114	Country 25 Jackson	Zip 29 64114	Country 30 Jackson	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. TALLAHASSEE FL 32301				8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (Signature, typed or printed name of registered agent for corporation) _____ (Typed Name of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FINKLE, BRADLEY G.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12329 RUSSELL	2. NAME	
STREET ADDRESS	OVERLAND PARK KS	3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	STD FINKLE, LINDA M.	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12329 RUSSELL	22. NAME	
STREET ADDRESS	OVERLAND PARK KS	23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is substantially true and correct and that I am an officer or director of the corporation or the receiver or trustee responsible to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or change, or in an attachment with an address.

SIGNATURE: *Bradley G. Finkle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bradley G. Finkle, President

2/20/94 (816) 523-0280