

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V28978** (7)

1. Corporation Name
LOCKTON INSURANCE AGENCY OF FLORIDA, INC.



Principal Place of Business: **7040 WEST PALMETTO PARK ROAD SUITE 2-102 BOCARATON FL 33433**
Mailing Address: **PO BOX 418351 KANSAS CITY MO 64141-6351 US**

3. Date Incorporated or Qualified 04/10/1992	3a. Date of Last Report 01/25/1995
4. FEI Number 48-1114424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	28. City & State
24. Country	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
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: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PSD FROST, MICHAEL C	1. 2 NAME	
STREET ADDRESS	12019 PAWNEE LANE	1. 3 STREET ADDRESS	
CITY, ST, ZIP	LEAWOOD KS 66209	1. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTD BRROKS, ROBERT A	2. 2 NAME	VD BROOKS, ROBERT A.
STREET ADDRESS	2011 W 81ST	2. 3 STREET ADDRESS	2011 W. 81ST ST.
CITY, ST, ZIP	LEAWOOD KS	2. 4 CITY - ST - ZIP	LEAWOOD, KS 66206
TITLE	<input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3. 2 NAME	T MICHAEL J. GILL
STREET ADDRESS		3. 3 STREET ADDRESS	7400 STATE LINE
CITY, ST, ZIP		3. 4 CITY - ST - ZIP	PRARIE VILLAGE, KS 66208
TITLE	<input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. 2 NAME	
STREET ADDRESS		4. 3 STREET ADDRESS	
CITY, ST, ZIP		4. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY, ST, ZIP		5. 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: _____ M.J. Gill 1-29-96 (913) 676-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)