

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

**FILED**  
**May 15 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 # V28978 (7)**

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



Principal Place of Business <b>7040 WEST PALMETTO PARK ROAD                  SUITE 2-102                  BOCARATON FL 33433</b>	Mailing Address <b>PO BOX 419351                  KANSAS CITY MO 64141-6351                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1992</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>48-1114424</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				<b>FL</b>	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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b>	1.1 TITLE	<b>President/Sec./Treasurer</b>
NAME	<b>FROST, MICHAEL C</b>	1.2 NAME	
STREET ADDRESS	<b>12019 PAWNEE LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEAWOOD KS 66209</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	
NAME	<b>BROOKS, ROBERT A</b>	2.2 NAME	
STREET ADDRESS	<b>2011 WEST 81ST STREET</b>	2.3 STREET ADDRESS	<b>7400 State Line Rd.</b>
CITY-ST-ZIP	<b>LEAWOOD KS</b>	2.4 CITY-ST-ZIP	<b>Prairie Village, KS. 66208</b>
TITLE	<b>VP</b>	3.1 TITLE	
NAME	<b>GILL, MICHAEL J</b>	3.2 NAME	
STREET ADDRESS	<b>7400 STATELINE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PRAIRIE VILLAGE KS 66208</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Michael C. Frost* **Michael C. Frost 4/30/98 913-676-9000**

CR2E034 (10/97)