

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 10:07

DOCUMENT # H89762 (9)

1. Corporation Name
RISK MANAGERS OF FLORIDA, INC.

Principal Place of Business Mailing Address
12501 SPRING HILL DRIVE EAST, SUITE G 12501 SPRING HILL DRIVE EAST, SUITE G
SPRING HILL, FL 34609 SPRING HILL, FL 34609

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/12/1985 3a. Date of Last Report 03/08/1994

2. Principal Place of Business 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2948167 Applied For Net Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREENFELDER, GLEN E.
103 NORTH THIRD STREET
DADE CITY FL 33525**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROUTH, MARK
STREET ADDRESS 11045 BLACKWOOD DRIVE
CITY- ST- ZIP NEW PORT RICHEY FL

1.1 TITLE Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.2 NAME

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.3 STREET ADDRESS

TITLE
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STREET ADDRESS
CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE Change Addition

TITLE
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STREET ADDRESS
CITY- ST- ZIP

2.2 NAME

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2.3 STREET ADDRESS

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2.4 CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition

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CITY- ST- ZIP

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4.1 TITLE Change Addition

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5.1 TITLE Change Addition

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6.1 TITLE Change Addition

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6.2 NAME

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6.3 STREET ADDRESS

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6.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
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 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: Mark Routh DATE: 1-12-95 904-688-2433
Typed Name of Signing Officer or Director Title