

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

FILED

**Jul 10 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000089810 (0)

1. Corporation Name
KEV/MAR RISK MANAGEMENT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: ~~619 CHASEVILLE STREET PENSACOLA FL 32507~~
Mailing Address: ~~619 CHASEVILLE STREET PENSACOLA FL 32507~~

3. Date Incorporated or Qualified
10/17/1997

2. Principal Place of Business: **226 S. PALAFOX STREET SUITE 202 PENSACOLA, FL 32501 US**
2a. Mailing Address: **226 S. PALAFOX STREET SUITE 202 PENSACOLA, FL 32501 US**

4. FEI Number: **59-3474282**
Applied For: Not 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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent:
**BROCKWAY, DONALD D
619 CHASEVILLE STREET
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent:
81 Nar
82 Str: **BRENT L. BOYLES
4152 MADURA 5
GULF BREEZE, FL 32561**
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: *Bret Boyles* **Bret Boyles President 30 June 98**
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 checked="" type="checkbox"/> Addition
NAME		1.2 NAME	BRENT L. BOYLES
STREET ADDRESS		1.3 STREET ADDRESS	4152 MADURA 5
CITY-ST-ZIP		1.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	S TODD J. BOYLES
STREET ADDRESS		2.3 STREET ADDRESS	4152 MADURA 5
CITY-ST-ZIP		2.4 CITY-ST-ZIP	GULF BREEZE, FL 32561
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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	

400002586604
-07/13/98--01074--006
***150.00

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 supplementary 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: *[Handwritten Signature]*

CR2E034 (10/97)