

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

FILED

**Feb 03 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H11612 (9)
1. Corporation Name
ATKINSON-GOWER RISK MANAGEMENT, INC.



Principal Place of Business 1375 JACKSON STREET P O BOX 2528 FORT MYERS FL 33902	Mailing Address 1375 JACKSON STREET P O BOX 2528 FORT MYERS FL 33902
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8200 Colby Parkway Suite, Apt. #, etc. 22 Suite # 201 City & State 23 Ft. Myers FL Zip 24 33919	2a. Mailing Address 26 8200 Colby Parkway Suite, Apt. #, etc. 27 Suite # 201 City & State 28 Ft Myers, FL Zip 29 33919
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3. Date Incorporated or Qualified 07/10/1984
4. FEI Number 59-2480879
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 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
**ATKINSON, OLIVER T., JR.
1375 JACKSON ST.
SUITE 401
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8200 Colby Parkway
83 Suite, Apt. #, etc.	Suite # 201
84 City	Ft Myers
85 State	FL
86 Zip Code	33919

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]* **OLIVER T. ATKINSON, Jr** DATE **1/27/98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ATKINSON, OLIVER T., JR.	
STREET ADDRESS	1375 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	GOWER, DAN C.	
STREET ADDRESS	1375 JACKSON STREET	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8200 Colby Parkway # 201
1.4 CITY-ST-ZIP	Ft Myers FL 33919
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8200 Colby Parkway # 201
2.4 CITY-ST-ZIP	Ft Myers, FL 33919
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 authorized 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 *[Signature]* DATE **1/27/98**

CR2E034 (10/97)