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

APPROVED AND FILED
95 MAY -1 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 531155 (0)

1. Corporation Name
POE RISK MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
702 N FRANKLIN ST TAMPA FL 33602	702 N FRANKLIN ST TAMPA FL 33602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 401 E. Jackson Street
22 Suite 1700
23 Tampa, FL
24 Zip 33602 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-1867287 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LENFESTEY, LAUREL J
702 NORTH FRANKLIN ST
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable) 401 E. Jackson Street
83 Suite 1700
84 City Tampa FL 85 Zip Code 33602

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: Laurel J. Lenfestey 3/30/95
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	PD		1.1 TITLE	President Director	☒ Change ☐ Addition
NAME	POE, W.F.		1.2 NAME	J. Hyatt Brown	
STREET ADDRESS	702 N FRANKLIN ST	DELETE	1.3 STREET ADDRESS	220 S. Ridgewood Avenue	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	T		2.1 TITLE		☒ Change ☐ Addition
NAME	YOUNG, TIMOTHY		2.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST		2.3 STREET ADDRESS	220 S. Ridgewood Avenue	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Daytona Beach, FL 32115	
TITLE	D		3.1 TITLE	Vice President Director	☒ Change ☐ Addition
NAME	POE, CHARLES W.	DELETE	3.2 NAME	Bruce G. Geer	
STREET ADDRESS	702 N FRANKLIN ST		3.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	S		4.1 TITLE		☒ Change ☐ Addition
NAME	LENFESTEY, LAUREL J		4.2 NAME		
STREET ADDRESS	702 N FRANKLIN ST		4.3 STREET ADDRESS	401 E. Jackson Street, Suite 1700	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE			5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		☐ Change ☐ 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)(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: Laurel J. Lenfestey 3/30/95 (813) 222-4277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000423 CP