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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 694576

(0)

ROSS RISK MANAGEMENT, INC.

FILED Apr 29 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					a santia milli totis ningt mitli santa milli ninti n	EIS ALBAI AIAIH AIAIH EIG	TIL MAN
33937 US 19. N P O BOX 396 PALM HARBOR FL 34684 US		P. O. BOX 386 P O BOX 386 PALM HARBOR FL 34682-0386		DO NOT WRITE IN THIS SPACE			
**		U\$			3. Date Incorporated or Qualified		
2. Principal F	Place of Business	2a, Mailing Address			07/14/1981 4. FEI Number	Applie	ed For
21		26			59-2132338		pplicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22		27	27		5. Certificate of Status Desired	Fee Requi	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 Ma	av Re
23		28			Trust Fund Contribution	Added to F	
Zip	Country	Zip	Country		8. This corporation owes or has paid the	current year Inteng	3ible
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	[29]	30		Personal Property Tax due June 30.	XX Yes \ \ \ \ \	10
9. Name and Address of Current Registered Agent				Name	10. Name and Address of New Registers	d Agent	
	FORD, RICHARD L		81	Name			
	50 8 HIGHLAND AVE		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
GL	EARWATER FL 34616		83				
			63				
			84	City	F	85 Zip Cod	ie
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statut	es the above	e-named cor	rocation submits this statement for the purpose	of changing its so	
office or r	registered agent, or both, in the Si	late of Florida Such change was a	authorized b	y the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as reg	istered
	and accept the of	onganions of, Section 607,0000, Fit	JEIUA SIAIUIO	5 .			
SIGNATURE	Signature, typed or printed name of registered	f agent and title if applicable (NOT	E: Registered Ag	ent signature requ	ired when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	N 12
TITLE	D	☐ DELETÉ	1.1 TITLE			☐ Change ☐	Addition
NAME	HEFFERON, WILLIAM H		1.2 NAME				
STREET ADDRESS	400 PLAZA DRIVE			ADDRESS			
CITY-ST-ZIP	BINGHAMTON, NY 1		1.4 CITY-5	ST-ZIP			
TITLE	VST	☐ DELETE	21 TITLE			Change	Addition
NAME	ROSS, KARALEE L		2.2 NAME				
STREET ADDRESS	50 ORCHARD CT		2.3 STREET	i	•		ŀ
CITY-ST-ZNP TITLE	PALM HARBOR FL. PMC	DELETE	2. 4 CITY-1	ST-ZIP			Т
NAME	ROSS, HUGH H., III	CT OLLER	3.1 TITLE 3.2 NAME			Change	Addition
STREET ADORESS	50 ORCHARD CT			ADDOCEDO			
CITY-ST-ZIP	PALM HARBOR, FL 3		3.3 STREET				
TITLE	D	☐ DELETE	3.4. CITY - 1 4.1 TITLE	oi+ZIP		Change	Addition
NAME	ERNSTROM, CARL T	time Describ	4.2 NAME				_ Audition
STREET ADDRESS	400 PLAZA DRIVE		4.3 STREET	ADDRESS			
CITY - ST - ZIP	BINGHANTON, NY 1		4.4 CITY-S	· · ·			
TITLE	2014 100	DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S				
TITLE		DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
AUTU AT 740			•	1			

44. 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:

4/20/98