

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 08, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006632

1. Entity Name
TRMK RISK MANAGEMENT, INC



Principal Place of Business

1701 LAKE LAND DRIVE
JACKSON, MS 39216

Mailing Address

1701 LAKE LAND DRIVE
JACKSON, MS 39216



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1780151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUMRALL, JOHN D
4460 LEGENDARY DRIVE, SUITE 350
DESTIN, FL 32541

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John D Sumrall 7/18/2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000375847
08/08/05-80002-023 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE C
NAME DEWEY, DUANE
STREET ADDRESS 1701 LAKE LAND DRIVE
CITY- ST- ZIP JACKSON, MS 39216

TITLE VC
NAME RALSTON, DOUG
STREET ADDRESS 1701 LAKE LAND DRIVE
CITY- ST- ZIP JACKSON, MS 39216

TITLE D
NAME HOWARD, THOMAS
STREET ADDRESS P.O. BOX 291
CITY- ST- ZIP JACKSON, MS 39205

TITLE D
NAME ANDERSON, JON
STREET ADDRESS P.O. BOX 291
CITY- ST- ZIP JACKSON, MS 39205

TITLE P
NAME MARTIN, DAVID W
STREET ADDRESS 1701 LAKE LAND DRIVE
CITY- ST- ZIP JACKSON, MS 39216

TITLE V
NAME ZITO, MIKE
STREET ADDRESS 1701 LAKE LAND DRIVE
CITY- ST- ZIP JACKSON, MS 39216

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/1/05

(601) 2208-7671