SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F64588** **(9)**

1. Corporation Name

GREENWICH RISK MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1499 W. PALMETTO PARK RD. SUITE 130 BOCA RATON FL 33486	1499 W. PALMETTO PARK RD. SUITE 130 BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1982
3a. Date of Last Report: 07/19/1994
4. FEI Number: 59-2154353 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Finance Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for emergency tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 County	29 Zip / 30 County

9. Name and Address of Current Registered Agent

DICHIARA, JOHN B. ESQ.
507 SE 11TH CT.
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES / ADDITIONS / DELETIONS	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	COMISKEY, WILLIAM F SR	12 NAME	
STREET ADDRESS	735 AURELIA ST	13 STREET ADDRESS	
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP	
TITLE	DC	21 TITLE	☐ Change ☐ Addition
NAME	PLEMONS, WILLIAM J JR.	22 NAME	
STREET ADDRESS	599 NATHAN THAXTON RD.	23 STREET ADDRESS	
CITY ST ZIP	JACKSON GA	24 CITY ST ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	KALLMAYER, GARY D	32 NAME	
STREET ADDRESS	724 NW 22ND ST.	33 STREET ADDRESS	
CITY ST ZIP	WILTON MANORS FL	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☒ Change ☐ Addition
NAME	CRAWTHON, TAMMY P	42 NAME	Tammy P Cawthon
STREET ADDRESS	128 GREEN DAIRY RD.	43 STREET ADDRESS	38 cleveland St.
CITY ST ZIP	JACKSON GA	44 CITY ST ZIP	Locust Grove, GA 30248
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	David G. Lee
STREET ADDRESS		53 STREET ADDRESS	Executive Vice President
CITY ST ZIP		54 CITY ST ZIP	38 cleveland St. Locust Grove, GA 30248
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I (We) hereby certify that the information supplied with this report 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 above, or on an attached sheet with an address.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

CR2E034 (3/95)

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