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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001221 (8)

1. Corporation Name
IMPROVED RISK MANAGERS COMPANY

Principal Place of Business
4401 BARCLAY DOWNS DR
CHARLOTTE NC 28209

Mailing Address
4401 BARCLAY DOWNS DR
CHARLOTTE NC 28209-4804



3. Date Incorporated or Qualified
03/11/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOHO, BENJAMIN R
12140 BLACKHEATH CIR
ORLANDO FL 32821-5741

81 Name

Raymond J. Seidensticker

82 Street Address (P.O. Box Number is Not Acceptable)

26512 Wimbledon St.

83

84 City

Leesburg

FL

85

Zip Code
34 748

11. Pursuant to the provisions of Sections 607.0102 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

Raymond J. Seidensticker

Raymond J. Seidensticker

1/8/97

Signature type is of 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	JAMIESON, R BRUCE	4401 BARCLAY DOWNS DR	CHARLOTTE NC 28209	☐
V	ROLISON, ROBERT	4401 BARCLAY DOWNS DR	CHARLOTTE NC 28209	☐
ST	BARBER, CLYDE	4401 BARCLAY DOWNS DR	CHARLOTTE NC 28209	☐
				☐
				☐
				☐
				☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

14. I do 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:

R. Bruce Jamieson

R. Bruce Jamieson

1/8/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)