

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

FILED

Feb 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001303 (4)

1. Corporation Name

LOUISIANA RISK SERVICES GROUP, INC.

Principal Place of Business

PO BOX 2368
LAKE WALES FL 33859-2368

Mailing Address

PO BOX 2368
LAKE WALES FL 33859-2368

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

72-1267528

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

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

g. Name and Address of Current Registered Agent

GILBERT, BRUCE J
250 EAST PARK AVE.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

Anthony K. Mathewson

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

250 East Park Avenue

83

84 City

Lake Wales

FL

85 Zip Code

33853

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, on 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

Anthony K. Mathewson, President

2-19-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BROOKS, ALLAN F
STREET ADDRESS 737 CARLTON AVE.
CITY-ST-ZIP LAKE WALES FL
☒ DELETE

TITLE VD
NAME GILBERT, BRUCE J
STREET ADDRESS 1009 YARNELL
CITY-ST-ZIP LAKE WALES FL
☒ DELETE

TITLE DT
NAME BORGLUND, TERRY R
STREET ADDRESS 1406 LAKEVIEW
CITY-ST-ZIP LAKE WALES FL 33853
☐ DELETE

TITLE S
NAME SMITH, DEANA M
STREET ADDRESS 848 WILDABON AVE
CITY-ST-ZIP LAKE WALES FL 33853
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director
1.2 NAME Mathewson, Anthony K.
1.3 STREET ADDRESS 250 E. Park Avenue
1.4 CITY-ST-ZIP Lake Wales, FL 33853
☐ Change ☒ Addition

2.1 TITLE Vice President
2.2 NAME Bradley, Helene M.
2.3 STREET ADDRESS 250 E. Park Avenue
2.4 CITY-ST-ZIP Lake Wales, FL 33883
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 250 E. Park Avenue
3.4 CITY-ST-ZIP
☒ Change ☐ Addition

4.1 TITLE Secretary
4.2 NAME Browning, Kimberly A.
4.3 STREET ADDRESS 250 E. Park Avenue
4.4 CITY-ST-ZIP Lake Wales, FL 33853
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. 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 this corporation or the receiver, trustee, or person 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:

2-19-98

(800) 394-2767

CR2E034 (10/97)