

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 009 ***150.00

DOCUMENT # F98000001216

1. Corporation Name

RISK SERVICES - SOUTH, INC.

Principal Place of Business

1800 SECOND STREET, SUITE 909
SARASOTA FL 34236

Mailing Address

1800 SECOND STREET, SUITE 909
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/02/1998

4. FEI Number

03-0355367

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 2139

27 Suite, Apt. #, etc.

28 SARASOTA, FL

Zip

Country

29

34230-2139

30

U.S.A.

9. Name and Address of Current Registered Agent

WOLFE, RANDOLPH J ESQUIRE
ANNIS, MITCHELL, COCKEY, EDWARDS & ROEHN
201 N. FRANKLIN ST., #2200
TAMPA FL 33602

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

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 HARKAVY, JON
STREET ADDRESS 8100 HAMILTON SPRING RD.
CITY-ST-ZIP BETHESDA MD 20817

☐ DELETE

TITLE VTD
NAME ROGERS, MICHAEL T
STREET ADDRESS 6 MAIN STREET
CITY-ST-ZIP BROOKFIELD VT 05063

☐ DELETE

TITLE S
NAME ROY, PAMELA
STREET ADDRESS 5 POINT RIDGE ROAD
CITY-ST-ZIP BARRE VT 05641

☐ DELETE

TITLE AS
NAME ROSS, HEATHER
STREET ADDRESS 5115 LAWTON DR.
CITY-ST-ZIP BETHESDA MD 20816

☐ DELETE

TITLE C
NAME HARRIS, G. W
STREET ADDRESS 7251 PLOVER'S WAY
CITY-ST-ZIP SARASOTA FL 34242

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

D

UP

C. FERRELL DIAL
1800 SECOND STREET, SUITE 909
SARASOTA, FL 34236

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/99 703-812-8425

CR2E034 (1/98)

0475280