

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H02616 (1)

1. Corporation Name

FLORIDA RISK SERVICES, INC.



Principal Place of Business

Mailing Address

% EVERETT D. HOCKENBERRY, JR.
2621 NORFOLK RD.
ORLANDO FL 32803

% EVERETT D. HOCKENBERRY, JR.
2621 NORFOLK RD.
ORLANDO FL 32803

3. Date Incorporated or Qualified

07/01/1984

3a. Date of Last Report

08/14/1995

2. Principal Place of Business

21 940 Douglas Avenue

Suite, Apt. #, etc

22 #200

City & State

23 ALTAMONTE SPRINGS, FL

Zip

24 32714

Country

25

2a. Mailing Address

26 940 Douglas Avenue

Suite, Apt. #, etc

27 #200

City & State

28 ALTAMONTE SPRINGS, FL

Zip

29 32714

Country

30

4. FEI Number

59-2500211

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

HOCKENBERRY, EVERETT D., JR.
2621 NORFOLK RD.
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
HOCKENBERRY, EVERETT D., JR.

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

940 Douglas Avenue

83 #200

84 City

ALTAMONTE SPRINGS

FL

85 Zip Code

32714

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 fee if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME HOCKENBERRY, EVERETT D.,
STREET ADDRESS 2621 NORFOLK RD.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE S
NAME HOCKENBERRY, ROBBIE F.
STREET ADDRESS 2621 NORFOLK RD.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME HOCKENBERRY, EVERETT D., JR.
1.3 STREET ADDRESS 940 Douglas Avenue, #200
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

☒ Change ☐ Addition

2.1 TITLE S
2.2 NAME HOCKENBERRY, ROBBIE F.
2.3 STREET ADDRESS 940 Douglas Avenue, #200
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address

SIGNATURE:

Everett D. Hockenberry Jr. President

7/11/96 (407) 788-4558

0141238 / Z FP

CR2E034 (3/96)