

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H44495 (0)**
1. Corporation Name
RISK AND INSURANCE MANAGEMENT SYSTEMS, INC.

Principal Place of Business Mailing Address
32651 LAKESHORE DR. TAVARES FL 32778 US **P. O. BOX 903 TAVARES FL 32778 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. 2100 N. Peninsula Ave		2a. P. O. Box		02/26/1985	04/27/1994
22. Unit # 208		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. New Smyrna Beach, FL		28. New Smyrna Beach, FL		59-2626033	Not Applicable
24. 32169		25. Volusia		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29. 32170		30. Volusia		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON JOSEPH B. 32651 LAKESHORE DRIVE TAVARES FL 32778				81 Name	Joseph B. Johnson		
				82 Street Address (P.O. Box Number is Not Acceptable)	2100 N. Peninsula Ave		
				83	Unit # 208		
				84 City	New Smyrna Beach, FL	85 Zip Code	32169

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JOSEPH B.	1.2 NAME	Johnson, Joseph B.
STREET ADDRESS	32651 LAKESHORE DR.	1.3 STREET ADDRESS	2100 N. Peninsula Ave, #208
CITY-ST-ZIP	TAVARES FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	ST	2.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ELIZABETH S	2.2 NAME	Johnson, Elizabeth S.
STREET ADDRESS	32651 LAKESHORE DRIVE	2.3 STREET ADDRESS	2100 N. Peninsula Ave., #208
CITY-ST-ZIP	TAVARES FL	2.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(g), 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: **Joseph B. Johnson** *Joseph B. Johnson* 904 423-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)