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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H52685 (5)

1. Corporation Name  
BANKERS RISK MANAGEMENT SERVICES, INC.



Principal Place of Business  
BOX 15707  
10051 FIFTH ST. NORTH  
ST PETERSBURG FL 33733  
US

Mailing Address  
BOX 15707  
10051 FIFTH ST. NORTH  
ST PETERSBURG FL 33733-5707  
US

3. Date Incorporated or Qualified 04/17/1985  
3a. Date of Last Report 04/27/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2711120	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25		

9. Name and Address of Current Registered Agent

DELANO, G. KRISTIN  
360 CENTRAL AVE  
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D, EVP. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEEHAN, DAVID K.	1.2 NAME	MENKE, ROBERT G.
STREET ADDRESS	360 CENTRAL AVE	1.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	V, CFO. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSSEMAN, EDWIN C.	2.2 NAME	KING, KELLY K.
STREET ADDRESS	360 CENTRAL AVE	2.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DELANO, G. KRISTIN	3.2 NAME	Pierce, Mary Lynn
STREET ADDRESS	360 CENTRAL AVE	3.3 STREET ADDRESS	360 Central Ave.
CITY - ST - ZIP	ST. PETERSBURG FL	3.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAROW, JAMES A.	4.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKE, ROBERT M	5.2 NAME	
STREET ADDRESS	360 CENTRAL AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, unchanged, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristin Delano 2/17/97 (813) 823-4000x4416

Date

Daytime Phone #

CR2E034 (9/96)