

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90301 001 \*4,500.00

0425725

DOCUMENT # H52685

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1985

4. FEI Number

59-2711120

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 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 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

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 D ☐ DELETE  
NAME MEEHAN, DAVID K.  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE DT ☐ DELETE  
NAME HUSSEMAN, EDWIN C.  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE DS ☐ DELETE  
NAME DELANO, G. KRISTIN  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE DEVP ☐ DELETE  
NAME MENKE, ROBERT G  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE DC ☐ DELETE  
NAME MENKE, ROBERT M  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

TITLE EVP ☒ DELETE  
NAME SCHMIDT, DALE F  
STREET ADDRESS 360 CENTRAL AVE  
CITY-ST-ZIP ST PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Fischer, Russell A. ☐ Change ☒ Addition  
1.2 NAME 360 Central Avenue  
1.3 STREET ADDRESS St. Petersburg, FL 33701  
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME Howard, Vickie W.  
2.3 STREET ADDRESS 360 Central Avenue  
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

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

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

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

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

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 #

(727) 823-4000 Ext.4416

CR2E034 (11/98)