

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 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H52686 (3)

1. Corporation Name

BANKERS RISK MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

P.O. BOX 15707
10051 FIFTH ST. NORTH
ST. PETERSBURG FL 33733
US

Mailing Address

P.O. BOX 15707
10051 FIFTH ST. NORTH
ST. PETERSBURG FL 33733
US

900001472999
-05/03/95--01061--001
2000.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2711126

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

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

County

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

G. Kristin Delano

(Signature of Registered Agent or Director or Officer)

(NOTE: Registered Agent signature required when transferring)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
D
MEEHAN, DAVID K.
360 CENTRAL AVE.
ST. PETERSBURG FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
DT
HUSSEMAN, EDWIN C.
360 CENTRAL AVE.
ST. PETERSBURG FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
DC
MENKE, ROBERT M.
360 CENTRAL AVE.
ST. PETERSBURG FL

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

☐ Change ☐ Addition

TITLE
NAME
PD
SMITH, GRAEME
360 CENTRAL AVE.
ST. PETERSBURG FL

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

☐ Change ☐ Addition

TITLE
NAME
DS
DELANO, G. KRISTIN
360 CENTRAL AVE.
ST. PETERSBURG FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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 in 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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

G. Kristin Delano, Secretary

(813) 823-4000

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

Signature Overlap