

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J15430

(8)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 AM 8:38

1. Corporation Name

MULTRISK, INC.

JAN 9 1995

Principal Place of Business		Mailing Address	
12730 NEW BRITTANY BLVD. STE 304 FT. MYERS FL 33907 US		12730 NEW BRITTANY BLVD. STE 304 FT. MYERS FL 33907 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc		26 Suite, Apt. #, etc	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	29 County
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HYDE, ROBERT J. 12730 NEW BRITTANY BLVD. STE 304 FT. MYERS FL 33907		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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ROBERT J.	1.2 NAME	
STREET ADDRESS	12730 NEW BRITTANY BLVD #304	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	1.4 CITY, ST, ZIP	
TITLE	TD	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ROBERT J.	2.2 NAME	
STREET ADDRESS	12730 NEW BRITTANY BLVD. #304	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	2.4 CITY, ST, ZIP	
TITLE		3.1 NAME	<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 NAME	<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 NAME	<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 NAME	<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 110.07, Florida Statutes. I further certify that the information indicated on the 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 changes in the officers or directors are an addition.

SIGNATURE:

ROBERT J. HYDE

DIGITIZED AND INDEXED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95

813-939-0333

100

Florida Statutes