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Jan 27 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 # K09184 (8)

1. Corporation Name
PUBLIC RISK SERVICES, INC

Principal Place of Business
500 WILSON PIKE CIRCLE, STE. 207
P. O. BOX 1228
BRENTWOOD TN 37024

Mailing Address
500 WILSON PIKE CIRCLE, STE. 207
P. O. BOX 1228
BRENTWOOD TN 37024-1228



3. Date Incorporated or Qualified 12/26/1987
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

4. FEI Number 59-2863407
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PILAND, TROY J
426 HIGHWAY 434
WINTER SPRINGS FL 32708

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 (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | CD | 1.1 TITLE | |
| NAME | PILAND, TROY J | 1.2 NAME | |
| STREET ADDRESS | 500 WILSON PK CIRCLE STE. 207 | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | BRENTWOOD TN | 1.4 CITY- ST- ZIP | |
| TITLE | PD | 2.1 TITLE | |
| NAME | MORRISON, JIM | 2.2 NAME | |
| STREET ADDRESS | 500 WILSON PK CIRCLE STE.207 | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | BRENTWOOD TN | 2.4 CITY- ST- ZIP | |
| TITLE | V | 3.1 TITLE | |
| NAME | COOK, ELMER | 3.2 NAME | |
| STREET ADDRESS | 500 WILSON PK CIRCLE STE 207 | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | BRENTWOOD TN | 3.4 CITY- ST- ZIP | |
| TITLE | S | 4.1 TITLE | |
| NAME | PILAND, PATRICIA | 4.2 NAME | |
| STREET ADDRESS | 500 WILSON PK CIRCLE SUITE 207 | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | BRENTWOOD TN | 4.4 CITY- ST- ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY- ST- ZIP | | 5.4 CITY- ST- ZIP | |
| TITLE | | 6.1 TITLE | |
| 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 if changed, or on an attachment with an address.

SIGNATURE: Jim Morrison, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 1-12-97
Daytime Phone #: 615-770-4150

CR2E034 (9/96)