

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K09184** (8)  
1. Corporation Name  
**PUBLIC RISK SERVICES, INC**

Principal Place of Business <b>500 WILSON PIKE CIRCLE, STE. 207 P. O. BOX 1228 BRENTWOOD TN 37024</b>	Mailing Address <b>500 WILSON PIKE CIRCLE, STE. 207 P. O. BOX 1228 BRENTWOOD TN 37024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/26/1987</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2863407</b>	Applied For Not Applicable
22 City & State	27	28 City & State	29	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	29	30 Zip	31	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Country	32	33 Country	34	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PILAND, TROY J 426 HIGHWAY 434 WINTER SPRINGS FL 32708</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Troy J. Piland* DATE *2-2-98*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILAND, TROY J</b>	1.2 NAME	
STREET ADDRESS	<b>500 WILSON PK CIRCLE STE. 207</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, JIM</b>	2.2 NAME	
STREET ADDRESS	<b>500 WILSON PK CIRCLE STE.207</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOK, ELMER</b>	3.2 NAME	
STREET ADDRESS	<b>500 WILSON PK CIRCLE STE 207</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILAND, PATRICIA</b>	4.2 NAME	
STREET ADDRESS	<b>500 WILSON PK CIRCLE SUITE 207</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRENTWOOD TN</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<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 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 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* DATE: *2-2-98* *615-370-4180*

CR2E034 (10/97)