

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:05

DOCUMENT # **K50125** (9)
1. Corporation Name
INSURANCE AND RISK MANAGEMENT SERVICES, INC.

Principal Place of Business Mailing Address
3200 BAILEY LANE **3200 BAILEY LANE**
#105 **#105**
NAPLES FL 33942 **NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

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 Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/09/1988 **03/03/1994**
4. FEI Number Applied For
65-0087746 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

LOCKER, JOSEPH R., JR.
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Signature)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHMELZLE, GEORGE R.
STREET ADDRESS	217 WOODSHIRE LANE
CITY, ST, ZIP	NAPLES FL 33942
TITLE	DV
NAME	KUHLMAN, WILLIAM H.
STREET ADDRESS	2385 NAPLES TRACE CIR #8
CITY, ST, ZIP	NAPLES FL 33962
TITLE	DT
NAME	SCHMELZLE, GEORGE P
STREET ADDRESS	225 TURTLE LAKE CT, #301
CITY, ST, ZIP	NAPLES FL 33942
TITLE	DVS
NAME	SCHMELZLE, GEORGE C.
STREET ADDRESS	7630 MILLSTREAM DRIVE
CITY, ST, ZIP	NAPLES FL 33942
TITLE	DV
NAME	SCHMELZLE, CHARLES D.
STREET ADDRESS	217 WOODSHIRE LANE
CITY, ST, ZIP	NAPLES FL 33942
TITLE	DV
NAME	THORNGATE, ROBERT, E, JR
STREET ADDRESS	90 MENTOR DR
CITY, ST, ZIP	NAPLES FL 33942

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1.

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 Sections 1.0102, 1.0103, Florida Statutes. I further certify that the information indicated on this annual report is supplemental and reported as true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation for the entire year and am 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 in an addition and change.

SIGNATURE:

(Signature and Name of Officer or Director)

GEORGE R. SCHMELZLE

8-31-95

813-649-1444