

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K50125 (9)**

1. Corporation Name  
**INSURANCE AND RISK MANAGEMENT SERVICES, INC.**



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

Mailing Address  
**3200 BAILEY LANE #105 NAPLES FL 33942**

3. Date Incorporated or Qualified **12/08/1988** 3a. Date of Last Report **02/24/1995**

2. Principal Place of Business  
21 [ ]  
Suite, Apt. #, etc.  
22 [ ]  
City & State  
23 [ ]  
Zip Country  
24 [ ] 25 [ ]  
2a. Mailing Address  
26 [ ]  
Suite, Apt. #, etc.  
27 [ ]  
City & State  
28 [ ]  
Zip Country  
29 [ ] 30 [ ]

4. FEI Number **65-0087746** 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**

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 [ ]  
84 City  
85 Zip Code **FL**

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 \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMELZLE, GEORGE R.</b>	
STREET ADDRESS	<b>217 WOODSHIRE LANE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>KUHLMAN, WILLIAM H.</b>	
STREET ADDRESS	<b>2385 NAPLES TRACE CIR #8</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMELZLE, GEORGE P</b>	
STREET ADDRESS	<b>225 TURTLE LAKE CT, #301</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMELZLE, GEORGE C.</b>	
STREET ADDRESS	<b>7630 MILLSTREAM DRIVE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHMELZLE, CHARLES D.</b>	
STREET ADDRESS	<b>217 WOODSHIRE LANE</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>THORNGATE, ROBERT, E, JR</b>	
STREET ADDRESS	<b>90 MENTOR DR</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 119.07(3)(k), 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 employed 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 1941-649-1444

CR2E034 (12/95)