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Feb 18 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 # 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 34105-8506

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
34105

24 Country
Collier

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
34105

29 Country
Collier

3. Date Incorporated or Qualified
12/08/1988

3a. Date of Last Report
05/01/1996

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

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 typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHMELZLE, GEORGE R.
STREET ADDRESS 217 WOODSHIRE LANE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE DV
NAME KUHLMAN, WILLIAM H.
STREET ADDRESS 2385 NAPLES TRACE CIR #8
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE DT
NAME SCHMELZLE, GEORGE P.
STREET ADDRESS 225 TURTLE LAKE CT, #301
CITY-ST-ZIP NAPLES FL ☒ DELETE

TITLE DVS
NAME SCHMELZLE, GEORGE C.
STREET ADDRESS 7630 MILLSTREAM DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE DV
NAME SCHMELZLE, CHARLES D.
STREET ADDRESS 217 WOODSHIRE LANE
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE DV
NAME THORNGATE, ROBERT, E, JR
STREET ADDRESS 90 MENTOR DR
CITY-ST-ZIP NAPLES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Schmeltzle, George R.
1.3 STREET ADDRESS 6170 Reserve Circle #104
1.4 CITY-ST-ZIP Naples FL 34119 ☒ Change ☐ Addition

2.1 TITLE DV
2.2 NAME Schmeltzle, George C.
2.3 STREET ADDRESS 4811 8th Avenue S.W.
2.4 CITY-ST-ZIP Naples FL 34119 ☒ Change ☐ Addition

3.1 TITLE DV
3.2 NAME Schmeltzle, Charles D.
3.3 STREET ADDRESS 8671 Kilkenny Court
3.4 CITY-ST-ZIP Fort Myers FL 33912 ☒ Change ☐ Addition

4.1 TITLE V
4.2 NAME Michael E. Federau
4.3 STREET ADDRESS 7431 Bear Hollow Circle
4.4 CITY-ST-ZIP Fort Myers FL 33912 ☐ Change ☒ Addition

5.1 TITLE V
5.2 NAME Curtis A. Mellon
5.3 STREET ADDRESS 7431 Bear Hollow Circle
5.4 CITY-ST-ZIP Fort Myers, FL 33912 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Schmeltzle 1/24/97 941-649-1444

CR2E034 (9/96)