

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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 34105  
US**

Mailing Address

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/08/1988**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**81** Name **CHARLES D. SCHMELZLE**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**8671 Kilkenny Court**  
**83**  
**84** City **Fort Myers** **FL** **85** Zip Code **33912**

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

**Exec. Vice President 7/1/98**

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE

NAME **SCHMELZLE, GEORGE R.**  
STREET ADDRESS **6170 RESERVE CIRCLE 104**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☐ DELETE

NAME **SCHMELZLE, GEORGE C**  
STREET ADDRESS **4811 8TH AVE. SW**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DV** ☐ DELETE

NAME **SCHMELZLE, CHARLES D**  
STREET ADDRESS **8671 KILKENNY CT**  
CITY-ST-ZIP **FT. MYERS FL**

TITLE **V** ☐ DELETE

NAME **FEDERAU, MICHAEL E**  
STREET ADDRESS **7431 BEAR HOLLOW CIRCLE**  
CITY-ST-ZIP **FT MYERS FL**

TITLE **V** ☐ DELETE

NAME **MELLON, CURTIS A**  
STREET ADDRESS **7431 BEAR HOLLOW CIRCLE**  
CITY-ST-ZIP **FT MY**

TITLE **DV** ☐ DELETE

NAME **THORNGATE, ROBERT, E, JR**  
STREET ADDRESS **90 MENTOR DR**  
CITY-ST-ZIP **NAPLES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

**Charles D. Schmeltzle 7/1/98**

**941-649  
-1444**

CR2E034 (5/98)

FILED  
Jul 08 1998 8:00am  
Secretary of State

