

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB -9 PM 12:31

DOCUMENT # K93240

(5)

1. Corporation Name

RISK DYNAMIC'S INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300001403603

-02/10/95--01083--019

****200.00 ****200.00

Principal Place of Business

P. O. BOX 604
CRYSTAL RIVER FL 34429-0604
US

Mailing Address

P. O. BOX 604
CRYSTAL RIVER FL 34423-0604
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/06/1989

3a. Date of Last Report
02/15/1994

4. FEI Number
59-2959538

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

Zip

Country

Zip

Country

24

25

29

33688

30

FL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILSON, THEODORE R.
1040 N STONEY PT.
CRYSTAL RIVER, 34429

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
GILSON, THEODORE R.
1040 N STONEY PT.
CRYSTAL RIVER FL

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GILSON, JEYTE B.
1040 N STONEY PT.
CRYSTAL RIVER FL

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
GILSON, ROBERT S
5345 SOUTHWICK DR
TAMPA FL

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
GILSON, ROBERT S
5345 SOUTHWICK DR
TAMPA FL

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
Change Addition

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 110.07(3)(b), 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; that 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 of this report or on an attachment with an address.

SIGNATURE:

(Signature, typed or printed name of signing officer or director)

2/2/95 813-9806272