SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

DOCUMENT # **N48746** **(4)**

1. Corporation Name

AGC RISK MANAGEMENT GROUP, INC.

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. B OX 10409 TALLAHASSEE FL 32302	P.O. B OX 10409 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified in Florida: 05/04/1992
3a. Date of Last Report: 06/17/1994

4. FEI Number: 59-3124981 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**

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
LIVINGSTON, GERALD S. 800 N. MAGNOLIA AVENUE SUITE 1625 ORLANDO FL 32803	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	DVP ☐ Change ☐ Addition
NAME	OBERHARDT, DORIS M.	12 NAME	Draper, Linda D.
STREET ADDRESS	1363 EAST LAFAYETTE	13 STREET ADDRESS	3504 Lake Lynda Drive, Suite 400
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Orlando, Fl
TITLE	DVP	21 TITLE	DVP ☐ Change ☐ Addition
NAME	COVINGTON, VICKI	22 NAME	Dodson, Carol Gene
STREET ADDRESS	1363 EAST LAFAYETTE	23 STREET ADDRESS	3504 Lake Lynda Drive, Suite 400
CITY-ST-ZIP	TALLAHASSEE FL	24 CITY-ST-ZIP	Orlando, Fl
TITLE	DS VP	31 TITLE	DVP ☐ Change ☐ Addition
NAME	HOPPEN, DAVID	32 NAME	Ford, Frances F.
STREET ADDRESS	3504 LAKE LYNDA DRIVE, SUITE 400	33 STREET ADDRESS	3504 Lake Lynda Drive, Suite 400
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, Fl
TITLE	DVP	41 TITLE	☐ Change ☐ Addition
NAME	Vanek, Greg M.	42 NAME	
STREET ADDRESS	3504 Lake Lynda Drive,Suite 400	43 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl	44 CITY-ST-ZIP	
TITLE	DVP	51 TITLE	☐ Change ☐ Addition
NAME	Belanger, Judy	52 NAME	
STREET ADDRESS	3504 Lake Lynda Drive, Suite 400	53 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl	54 CITY-ST-ZIP	
TITLE	DVP	61 TITLE	☐ Change ☐ Addition
NAME	Lively, Sandra K.	62 NAME	
STREET ADDRESS	3504 Lake Lynda Drive, Suite 400	63 STREET ADDRESS	
CITY-ST-ZIP	Orlando, Fl	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris M. Oberhardt 7/14/95 904-878-4261
Doris M. Oberhardt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002816