

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
Aug 01 1996 8:00 am  
Secretary of State

DOCUMENT # **N48746** (4)

1. Corporation Name

**AGC RISK MANAGEMENT GROUP, INC.**

Principal Place of Business

P.O. BOX 10409  
TALLAHASSEE FL 32302

Mailing Address

P.O. BOX 10409  
TALLAHASSEE FL 32302



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

**05/04/1992**

3a. Date of Last Report

**07/20/1995**

4. FEI Number

**59-3124981**

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

LIVINGSTON, GERALD S.

~~600 N. MAGNOLIA AVENUE~~

~~SUITE 1625~~

~~ORLANDO FL 32803~~

255 South Orange Ave.

Suite 850

Orlando, Florida 32801

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**7.10.96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME DRAPER, LINDA D. change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

1.1 TITLE President / Director ☐ Change ☒ Addition  
1.2 NAME Oberhardt, Doris M.  
1.3 STREET ADDRESS 1363-B East Lafayette Street  
1.4 CITY-ST-ZIP Tallahassee, Florida

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME DODSON, CAROL G. change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

2.1 TITLE Vice President/Director ☐ Change ☒ Addition  
2.2 NAME Covington, Vicki J.  
2.3 STREET ADDRESS 1363-B East Lafayette Street  
2.4 CITY-ST-ZIP Tallahassee, Florida

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME FORD, FRANCES F. change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Vice President/Dir./Sec. ☐ Change ☒ Addition  
3.2 NAME Hoppen, David  
3.3 STREET ADDRESS 3504 Lake Lynda Drive, Suite 400  
3.4 CITY-ST-ZIP Orlando, Florida

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME VANEK, GREG M. change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME BELANGER, JUDY change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ~~DVP~~ Vice President ☐ DELETE  
NAME LIVELY, SANDRA K. change  
STREET ADDRESS 3504 LAKE LYNDY DRIVE, SUITE 400  
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/26/96**  
Date

**904-878-4261**  
Daytime Phone #

CR2E037 (3/96)