

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:25

DOCUMENT # P28072 (7)

1. Corporation Name

ASSOCIATION RISK MANAGEMENT SERVICE CO.

Principal Place of Business

Mailing Address

P O BOX 2368
LAKE WALES FL 33859

P O BOX 2368
LAKE WALES FL 33859

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/12/1990** 3a. Date of Last Report **06/20/1994**

4. FEI Number **73-1344665** 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

21 **250 E. Park Avenue**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
Lake Wales, FL

27 City & State

23 Zip **33853** Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

**KAUFER, STEPHEN G ESQUIRE
244 E PARK AVE
LAKE WALES FL 33853**

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**
NAME **BROOKS, ALLAN F**
STREET ADDRESS **737 CARLTON AVE**
CITY - ST - ZIP **LAKE WALES FL**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VP**
NAME **GILBERT, BRUCE J**
STREET ADDRESS **739 HUNT CIR.**
CITY - ST - ZIP **LAKE WALES, FL 33853**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **Lake Wales, FL 33853**

TITLE **S**
NAME **SMITH, DEANA M**
STREET ADDRESS **738 CAMBRIDGE WAY**
CITY - ST - ZIP **LAKE WALES FL**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **T**
NAME **BORGLUND, TERRY**
STREET ADDRESS **255-1ST AVE. N.**
CITY - ST - ZIP **LAKE WALES FL**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS **1806 Garden Lake Drive**
4.4 CITY - ST - ZIP **Winter Haven, FL 33884**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 officer or director empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: **ALLAN P. BROOKS, President**

01/27/95 (813) 676-1681