FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 APR 21 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33403** **(7)**

1. Corporation Name
RISK AND INSURANCE BROKERAGE CORPORATION

Principal Place of Business	Mailing Address
~~P.O. BOX 2000~~ ~~LAKE WALES FL 33859~~	P.O. BOX 2000 LAKE WALES FL 33859

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/29/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **244 East Park Avenue**
22 Suite, Apt. #, etc.
23 City & State: **Lake Wales, Florida**
24 Zip: **33853** 25 Country: **Polk**

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: **59-3031297** ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, MICHAEL R
244 E PARK AVE
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

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 _____ 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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	RUMFELT, THOMAS B	1.2 NAME		
STREET ADDRESS	244 E PARK AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP		
TITLE	~~S~~	2.1 TITLE	S/Treasurer/Treasurer	☒ Change ☐ Addition
NAME	~~BUTLER, MICHAEL R~~	2.2 NAME	Butler, Michael R.	
STREET ADDRESS	~~600 SWEET BAY CIRCLE~~	2.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	~~T~~	3.1 TITLE	V	☐ Change XX Addition
NAME	~~THURSTON, JAYE~~	3.2 NAME	Grimes, Kevin	
STREET ADDRESS	~~521 20TH STREET SW~~	3.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	3.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	~~AS~~	4.1 TITLE	AT	☐ Change ☒ Addition
NAME	~~STOLTZ, PATRICK J~~	4.2 NAME	Sowinski, Michael B.	
STREET ADDRESS	~~2010 TRINITY CIR~~	4.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	4.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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, added or deleted.

SIGNATURE: Michael R. Butler, Secretary/Treasurer 4-10-95 (813)676-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017479 CP