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Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P33403** (7)
1. Corporation Name
RISK AND INSURANCE BROKERAGE CORPORATION

Principal Place of Business Mailing Address
244 E PARK AVENUE **P.O. BOX 2368**
LAKE WALES FL 33853 **LAKE WALES FL 33859-2368**
US



3. Date Incorporated or Qualified **03/29/1991** 3a. Date of Last Report **02/07/1996**

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 s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUTLER, MICHAEL R
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUTLER, MICHAEL R	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, KEVIN	
STREET ADDRESS	244 E PARK AVE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	NESBITT, ROWENA J	
STREET ADDRESS	244 E PARK AVENUE	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, PHILIP	
STREET ADDRESS	0 THOMAS STREET	
CITY-ST-ZIP	THOMASVILLE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomas B. Rumfelt	
1.3 STREET ADDRESS	244 E. Park Avenue	
1.4 CITY-ST-ZIP	Lake Wales, Florida 33853	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Neil A. Johnson	
2.3 STREET ADDRESS	50 Crestwood Executive Center	
2.4 CITY-ST-ZIP	St. Louis, MO 63126	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Halsch	
3.3 STREET ADDRESS	#9 Thomas Street	
3.4 CITY-ST-ZIP	Thomasville, NC 27360	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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, unchanged, or on an attachment with an address.

SIGNATURE: **Thomas B. Rumfelt, President** 1/10/97 (800) 989-7515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)