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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P33403** (7)
1. Corporation Name
RISK AND INSURANCE BROKERAGE CORPORATION

Principal Place of Business 244 E PARK AVENUE LAKE WALES FL 33853 US	Mailing Address P.O. BOX 2368 LAKE WALES FL 33859
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/29/1991	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 59-3031297	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	RUMFELT, THOMAS B.	1.2 NAME	James A. Halsch
STREET ADDRESS	244 E PARK AVE	1.3 STREET ADDRESS	244 E. Park Ave.
CITY - ST - ZIP	LAKE WALES FL	1.4 CITY - ST - ZIP	Lake Wales, FL 33853
TITLE	VP	2.1 TITLE	Executive Vice President
NAME	JOHNSON, NEIL A.	2.2 NAME	Hugh D. Shaw
STREET ADDRESS	50 CRESTWOOD EXECUTIVE CENTER	2.3 STREET ADDRESS	244 E. Park Ave.
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	Lake Wales, FL 33853
TITLE	VP	3.1 TITLE	Secretary/Treasurer
NAME	NEGBITT, ROWENA J.	3.2 NAME	Michael R. Butler
STREET ADDRESS	244 E PARK AVENUE	3.3 STREET ADDRESS	6801 N. 54th St.
CITY - ST - ZIP	LAKE WALES FL	3.4 CITY - ST - ZIP	Tampa, FL 33610
TITLE	VP	4.1 TITLE	
NAME	HALSCH, JAMES	4.2 NAME	
STREET ADDRESS	19 THOMAS STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	THOMASVILLE NC	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Michael R. Butler

Michael R. Butler

4-6-98

(813)623-3974

CR2E034 (10/97)