

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

CORPORATION
ANNUAL REPORT
1995



IN A STATE OF FLORIDA
Solely owned and controlled by
Secretary of State
Department of Banking and Finance

DOCUMENT # **P93000047402 (1)**

1. Corporation Name

RISQUE MANAGEMENT OF FLORIDA, INC.

2. Principal Office Address

**1110 N.W. 6TH STREET
GAINESVILLE FL 32601**

3. Mailing Address

**1110 N.W. 6TH STREET
GAINESVILLE FL 32601**

*RECEIVED
MAY 1 1995*

*FILED
MAY 1 1995*

*FILED
MAY 1 1995*

For each year of this report

3. Date of Report (or 12 months)
06/28/1993

3a. Date of Last Report
08/11/1994

2. Principal Office Address
305 N.E. 1st Street

2a. Mailing Address
305 N.E. 1st Street

4. FFI Number
59-3188700

Applied For
Not Applicable

22. State of Report

2b. State of Report

5. Certificate of Status (Required) ☒ **\$8.75 Additional Fee Required**

23. Gainesville, FL

28. Gainesville, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24. 32601

25. USA

29. 32601

30. USA

8. This corporation has adopted the following provisions of the Florida Statutes: ☒ **Yes** ☐ **No**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EDINGER, GARY S ESQ.
1110 N.W. 6TH STREET
GAINESVILLE FL 32601**

Gary S. Edinger

305 N.E. 1st Street

Gainesville,

FL

32601

11. The undersigned hereby certifies that the information furnished in this report is true and correct to the best of his knowledge and belief, and that he is a resident of the State of Florida, and that he is the duly authorized agent of the corporation to file this report.

Signature

Gary S. Edinger, R.A.

4/27/95

12. Name

**CHAMBERS, JOHN
47035 SOUTHEAST COUNTY ROAD 234
MICANOPY FL 32614**

13. Name

**JERRY SULLIVAN
17035 SE County Road, 234
Micnopy, FL 32667**

14. Name

**SMITH, CLYDE
17035 SOUTHEAST COUNTY ROAD 234
MICANOPY FL 32614**

15. Name

**MISTY LEAHY
17035 SE County Road, 234
Micnopy, FL 32667**

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

26. Name

27. Name

28. Name

29. Name

30. Name

31. Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

(904) 338-4440