

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000077095 (5)

1. Corporation Name

RISCORP ACQUISITION, INC.

Principal Place of Business

Mailing Address

1390 MAIN ST.  
10TH FLOOR  
SARASOTA FL 34236

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10TH FLOOR  
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1994

4. FEI Number

65-0531423

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

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

VAUGHAN-BIRCH, L. NORMAN  
720 S. ORANGE AVE  
SARASOTA FL 34236

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MALONE, JAMES A  
STREET ADDRESS 1390 MAIN STREET  
CITY-ST-ZIP SARASOTA FL  
☒ DELETE

1.1 TITLE P D  
1.2 NAME Frederick M. Dawson  
1.3 STREET ADDRESS 2 North Tamiami Trail Suite 608  
1.4 CITY-ST-ZIP Sarasota FL 34236  
☐ Change ☒ Addition

TITLE DCEO  
NAME GRIFFIN, WILLIAM D  
STREET ADDRESS 1390 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236  
☒ DELETE

2.1 TITLE S T  
2.2 NAME Walter E. Riehemann  
2.3 STREET ADDRESS 2 North Tamiami Trail Suite 608  
2.4 CITY-ST-ZIP Sarasota FL 34236  
☐ Change ☒ Addition

TITLE S  
NAME MARKS, GREGORY M  
STREET ADDRESS 1390 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236  
☒ DELETE

3.1 TITLE D  
3.2 NAME Seddon Goode Jr  
3.3 STREET ADDRESS 2 North Tamiami Trail Suite 608  
3.4 CITY-ST-ZIP Sarasota FL 34236  
☐ Change ☒ Addition

TITLE DVP  
NAME HALLOY, RICHARD A  
STREET ADDRESS 1390 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236  
☒ DELETE

4.1 TITLE D  
4.2 NAME Walter L. Revell  
4.3 STREET ADDRESS 2 North Tamiami Trail Suite 608  
4.4 CITY-ST-ZIP Sarasota FL 34236  
☐ Change ☒ Addition

TITLE T  
NAME MERRITT, L SCOTT  
STREET ADDRESS 1390 MAIN STREET  
CITY-ST-ZIP SARASOTA FL 34236  
☒ DELETE

5.1 TITLE D  
5.2 NAME George E. Green III  
5.3 STREET ADDRESS 2 North Tamiami Trail Suite 608  
5.4 CITY-ST-ZIP Sarasota FL 34236  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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 registered 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:

*[Signature]*

CR2E034 (10/97)