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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077095

1. Corporation Name
RISCORP ACQUISITION, INC.

Principal Place of Business

1390 MAIN ST.
10TH FLOOR
SARASOTA FL 34236

Mailing Address

1390 MAIN ST.
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2 N. Tamiami Trail

Suite, Apt. #, etc.
#608

City & State

23 Sarasota, FL

Zip Country

24 34236 25 USA

2a. Mailing Address

26 2 N. Tamiami Trail

Suite, Apt. #, etc.
#608

City & State

28 Sarasota, FL

Zip Country

29 34236 30 USA

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DAWSON, FREDERICK M
STREET ADDRESS 2 N TAMiami TRAIL, STE 608
CITY-ST-ZIP SARASOTA FL 34236

TITLE ST ☐ DELETE

NAME RIEHEMANN, WALTER E
STREET ADDRESS 2 N TAMiami TRAIL, STE 608
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME GOODE, SEDDON J
STREET ADDRESS 2 N TAMiami TRAIL, STE 608
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME REVELL, WALTER L
STREET ADDRESS 2 N TAMiami TRAIL, STE 608
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ DELETE

NAME GREENE, GEORGE E III
STREET ADDRESS 2 N TAMiami TRAIL, STE 608
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER E. RIEHEMANN

6/1/99

(941)366-5015

Date

Daytime Phone #

CR2E034 (11/98)