

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000056092 (6)

1. Corporation Name
TRANS RISK, INC.



Principal Place of Business

3200 BAILEY LANE
NAPLES FL 33942

Mailing Address

3200 BAILEY LANE
NAPLES FL 33942

3. Date Incorporated or Qualified
07/19/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21

26

4. FET Number
65-0598162

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

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

24

25

Country

29

30

Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKER, JOSEPH R JR.
2150 GOODLETTE ROAD
6TH FLOOR
NAPLES FL 33940

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 that of applicant

(NOTE: Registered Agent's name and signature must be typed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	NAME	SCHMELZLE, GEORGE R	DELETED
STREET ADDRESS			217 WOODSHIRE LANE	
CITY-STATE-ZIP			NAPLES FL 33942	
TITLE	D	NAME	THORNGATE, ROBERT E JR.	DELETED
STREET ADDRESS			90 MENTOR DRIVE	
CITY-STATE-ZIP			NAPLES FL 33942	
TITLE	D	NAME	KUHLMAN, WILLIAM H JR.	DELETED
STREET ADDRESS			687 MEVILLE COURT	
CITY-STATE-ZIP			NAPLES FL 33962	
TITLE	D	NAME	SCHMELZLE, GEORGE C	DELETED
STREET ADDRESS			7630 MILL STREAM DRIVE	
CITY-STATE-ZIP			NAPLES FL 33942	
TITLE	D	NAME	SCHMELZLE, CHARLES D	DELETED
STREET ADDRESS			12640 EQUESTRIAN CIRCLE, UNIT 1908	
CITY-STATE-ZIP			FORT MYERS FL	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-STATE-ZIP				

1. TITLE	Change	Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
5. TITLE	Change	Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE	Change	Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE	Change	Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE	Change	Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, trustee or authorized agent of the corporation, and that I am qualified to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or in an attachment to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

941-649-1444

CR2E034 (12/95)