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Feb 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 34105-8522

3. Date Incorporated or Qualified
07/19/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34105 Country

24 34105 25 Country 29 34105 30

4. FEI Number
65-0598162

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 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
8TH 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 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 D ☐ DELETE
NAME SCHMELZLE, GEORGE R
STREET ADDRESS 217 WOODSHIRE LANE
CITY-ST-ZIP NAPLES FL 33942

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Schmeltzle, George R.
1.3 STREET ADDRESS 6170 Reserve Circle # 104
1.4 CITY-ST-ZIP Naples FL 33999 (PD)

TITLE D ☐ DELETE
NAME THORNGATE, ROBERT E JR.
STREET ADDRESS 90 MENTOR DRIVE
CITY-ST-ZIP NAPLES FL 33942

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Schmeltzle, George C.
2.3 STREET ADDRESS 4811 8th Avenue S.W.
2.4 CITY-ST-ZIP Naples FL 34119 (VD)

TITLE D ☐ DELETE
NAME KUHLMAN, WILLIAM H JR.
STREET ADDRESS 687 MEVILLE COURT
CITY-ST-ZIP NAPLES FL 33962

3.1 TITLE Vice President ☒ Change ☐ Addition
3.2 NAME Schmeltzle, Charles D.
3.3 STREET ADDRESS 8671 Kilkenny Ct.
3.4 CITY-ST-ZIP Fort Myers FL 33912 (VD)

TITLE D ☐ DELETE
NAME SCHMELZLE, GEORGE C
STREET ADDRESS 7630 MILL STREAM DRIVE
CITY-ST-ZIP NAPLES FL 33942

4.1 TITLE Vice President ☐ Change ☒ Addition
4.2 NAME Michael E. Federav
4.3 STREET ADDRESS 7431 Bear Hollow Circle
4.4 CITY-ST-ZIP Fort Myers FL 33912 (V)

TITLE D ☐ DELETE
NAME SCHMELZLE, CHARLES D
STREET ADDRESS 12640 EQUESTRIAN CIRCLE, UNIT 1908
CITY-ST-ZIP FORT MYERS FL

5.1 TITLE Vice President ☐ Change ☒ Addition
5.2 NAME Curtis A. Mellon
5.3 STREET ADDRESS 7431 Bear Hollow Circle
5.4 CITY-ST-ZIP Fort Myers FL 33912 (V)

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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: Charles D. Schmeltzle 1/24/97 941-649-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)