

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 34105
US

Mailing Address

3200 BAILEY LANE
NAPLES FL 34015
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1995

4. FEI Number

65-0598162

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

81 Name Charles D. Schmelzle
82 Street Address (P.O. Box Number is Not Acceptable) 8671 Kilkenny Court
83
84 City Fort Myers FL 85 Zip Code 33912

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this document 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 *Charles D. Schmelzle* Executive Vice President

7/1/98

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHMELZLE, GEORGE R
STREET ADDRESS 6170 RESERVE CIR #104
CITY-ST-ZIP NAPLES FL ☐ DELETE

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

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

TITLE VD
NAME SCHMELZLE, GEORGE C
STREET ADDRESS 4811 8TH AVE SW
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE VD
NAME SCHMELZLE, CHARLES D
STREET ADDRESS 8671 KILKANNY CT
CITY-ST-ZIP FT MYERS FL ☐ DELETE

TITLE V
NAME FEDERAU, MICHAEL E
STREET ADDRESS 7431 BEAR HOLLOW CIR
CITY-ST-ZIP FT MYERS FL ☐ DELETE

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.

SIGNATURE:

Charles D. Schmelzle 7/1/98

941-649-
1444

FILED
Jul 08 1998 8:00am
Secretary of State



CR2E034 (5/98)