

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000073419 (0)**

1. Corporation Name
RISCORP SERVICES COMPANY



Principal Place of Business

**1390 MIAN STREET
SARASOTA FL 34236**

Mailing Address

**1390 MIAN STREET
SARASOTA FL 34236**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/19/1995

3a. Date of Last Report

4. FEI Number

65-0647453

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

**MARKS, GREGORY M ESQ.
1390 MIAN STREET
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

300001779954

83

04/15/96-01046-005

84 City

*****2261.25**

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 officer, director, or registered agent

Date of Registration of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/C/CEO	Griffin, William D.	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/P/COO	Malone, James A.	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/VP/T	Hammel, Edward J.	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Marks, Gregory M.	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. S	Cherrington, Graham	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. T	Sheekey, Brian T.	1390 Main Street	Sarasota, FL 34236	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 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 of this report, or on any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Malone
James A. Malone

(941) 951-2022

CR2E034 (12/95)

4-14-96