

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 # **S64707 (0)**

1. Corporation Name
SOUTHERN RISK CONSULTING ASSOCIATES INC.



Principal Place of Business: **744 E. BURGESS RD. SUITE B 101 PENSACOLA FL 32504**
Mailing Address: **P.O. BOX 15230 SUITE B 101 PENSACOLA FL 32514-0230 US**

2. Principal Place of Business: **1149 E Creighton Rd**
2a. Mailing Address: **P.O. Box 15230**
22. Suite, Apt. #, etc.: **Suite #7**
23. City & State: **Pensacola, FL**
24. Zip: **32504** 25. Country: **Escambia**
29. Zip: **32514-0230** 30. Country: **Escambia**

3. Date Incorporated or Qualified: **07/02/1991** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3074763 59-3094763**
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

**HALL, DAVID R.
744 E. BURGESS RD.
B-101
PENSACOLA FL 32504**

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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: D	<input checked="" type="checkbox"/> DELETE
NAME: HALL, DAVID R.	
STREET ADDRESS: 744 E. BURGESS RD., SUITE B 101	
CITY-ST-ZIP: PENSACOLA FL	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> DELETE
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: Hall, David R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: 1149 E Creighton Rd	
3. STREET ADDRESS: Pensacola, FL 32504	
4. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: _____	
7. STREET ADDRESS: _____	
8. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: _____	
11. STREET ADDRESS: _____	
12. CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address.

SIGNATURE: *David R. Hall* **David R. Hall** 4/4/96 (904) 474-1364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)