2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # \$78177** Mar 17, 2000 8:00 am 1. Entity Name **Secretary of State** WILLIAMS RISK MANAGEMENT, INC. 03-17-2000 90078 041 ***150.00 Principal Place of Business Mailing Address 7000 GRIFFIN RD. 7000 GRIFFIN RD. BROOKSVILLE FL 34601-7750 BROOKSVILLE FL 34601-7750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 59-3084687 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAMS, BILLY E JR. Street Address (P.O. Box Number is Not Acceptable) 7000 GRIFFIN RD. BROOKSVILLE FL 34601-7750 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE WILLIAMS, BILLY E JR. NAME STREET ADDRESS 7000 GRIFFIN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL 34601-7750 ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE SIGNATURE AND TYPED OF

I hereby certify that the information supplies wit indicated on this report or supplemental resort of the corporation or the receiver or trustage empty.

Billy E. Williams = 12.

3/12/2000 (727) 460-6455 Daytime Phone #

priot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if