

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 10 1997 8:00am  
Secretary of State

DOCUMENT # **V26929** (2)

1. Corporation Name

**RISK MANAGEMENT ASSOCIATES, INC.**



Principal Place of Business

**1582 N MEADCREST BLVD.  
CRYSTAL RIVER FL 34429  
US**

Mailing Address

**1582 N MEADCREST BLVD.  
CRYSTAL RIVER FL 34429  
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**04/07/1992**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-3118827**

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

**CALDWELL, KEVIN SHANE  
5088 W. RANGER ST  
BEVERLY HILLS FL 34485**

10. Name and Address of New Registered Agent

81 Name

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

**555 Estates Place**

83

84 City

**Longwood**

FL

85

Zip Code

**32779**

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

TITLE **DVT** ☐ DELETE  
NAME **CALDWELL, KEVIN SHANE**  
STREET ADDRESS **5088 W. RANGER ST.**  
CITY-ST-ZIP **BEVERLY HILLS FL**

TITLE **DPS** ☐ DELETE  
NAME **BICKNELL, DALE ROBERT**  
STREET ADDRESS **711 SW 158TH LANE**  
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**555 Estates Place**

**Longwood, FL 32779**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

2.5 TITLE

2.6 NAME

2.7 STREET ADDRESS

2.8 CITY-ST-ZIP

2.9 TITLE

2.10 NAME

2.11 STREET ADDRESS

2.12 CITY-ST-ZIP

2.13 TITLE

2.14 NAME

2.15 STREET ADDRESS

2.16 CITY-ST-ZIP

2.17 TITLE

2.18 NAME

2.19 STREET ADDRESS

2.20 CITY-ST-ZIP

2.21 TITLE

2.22 NAME

2.23 STREET ADDRESS

2.24 CITY-ST-ZIP

2.25 TITLE

2.26 NAME

2.27 STREET ADDRESS

2.28 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0826870

CR2E034 (9/96)