

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

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95 MAY -1 PM 2: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **V45689** (9)

1. Corporation Name  
**RISCORP MANAGEMENT SERVICES, INC.**

Principal Place of Business Mailing Address  
**1390 MAIN STREET SUITE 400 SARASOTA FL 34236 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/24/1992** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **65-0343939** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contributions  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under § 199(1)(b) Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 State App # etc 27 State App # etc  
23 City & State 28 City & State  
24 25 29 30

9. Name and Address of Current Registered Agent  
**BROWN DARYL  
1800 SECOND STREET  
STE720  
SARASOTA FL 34236**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **1819 MAIN STREET**  
83 **SUITE 1100**  
84 City **SARASOTA** FL 85 Zip Code **34236**

11. Pursuant to the provisions of Section 607.01(2), and 607.01(3)(b) 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 understand the obligations of a registered agent under Florida Statutes.

SIGNATURE \_\_\_\_\_ Title: Registered Agent of the Corporation (see § 607.01(2))

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS ONLY	
12.1 NAME 12.1.1 STREET ADDRESS 12.1.2 CITY & STATE	DT GRIFFIN, WILLIAM D 1390 MAIN STREET SARASOTA FL	13.1 13.1.1 NAME 13.1.2 STREET ADDRESS 13.1.3 CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Griffin, William D 1390 Main Street Sarasota FL
12.2 NAME 12.2.1 STREET ADDRESS 12.2.2 CITY & STATE	P MALONE ANTHONY J 1390 MAIN STREET SARASOTA FL	13.2 13.2.1 NAME 13.2.2 STREET ADDRESS 13.2.3 CITY & STATE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Malone James A 1390 Main Street Sarasota FL
12.3 NAME 12.3.1 STREET ADDRESS 12.3.2 CITY & STATE	VS HAMMEL, EDWARD J 1390 MAIN STREET SARASOTA FL	13.3 13.3.1 NAME 13.3.2 STREET ADDRESS 13.3.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 NAME 12.4.1 STREET ADDRESS 12.4.2 CITY & STATE		13.4 13.4.1 NAME 13.4.2 STREET ADDRESS 13.4.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME 12.5.1 STREET ADDRESS 12.5.2 CITY & STATE		13.5 13.5.1 NAME 13.5.2 STREET ADDRESS 13.5.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME 12.6.1 STREET ADDRESS 12.6.2 CITY & STATE		13.6 13.6.1 NAME 13.6.2 STREET ADDRESS 13.6.3 CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information provided with this filing is accurately furnished and does not qualify for the exemption stated in Section 199(1)(b) Florida Statutes. I further certify that the information indicated on the 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 officer or director empowered to execute this report as required by Chapter 607 Florida Statutes, and that my name appears in Block 13. Block 13 of change fees are attached with an address.

SIGNATURE: **Edward Hammel** 4/28/95 813 951 2022  
SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR