

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V45689 (9)**

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



Principal Place of Business 1390 MAIN STREET SARASOTA FL 34236 US	Mailing Address 1390 MAIN STREET SARASOTA FL 34236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Sarasota Tower 22 Suite 608 23 Sarasota FL 24 34236		2a. Mailing Address 26 One Sarasota Tower 27 Suite 608 28 Sarasota FL 29 34236		3. Date Incorporated or Qualified 06/24/1992	4. FEI Number 65-0343939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
25 USA		30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent VAUGHAN-BIRCH, L. NORMAN 720 S. ORANGE AVE SARASOTA FL 34236				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCC	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GRIFFIN, WILLIAM D		1.2 NAME	Frederick M. Dawson			
STREET ADDRESS	1390 MAIN STREET		1.3 STREET ADDRESS	2 North Tamiami Trail Suite 608			
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	Sarasota FL 34236			
TITLE	DPC	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MALONE ANTHONY J		2.2 NAME	Walter E. Riehemann			
STREET ADDRESS	1390 MAIN STREET		2.3 STREET ADDRESS	2 North Tamiami Trail Suite 608			
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Sarasota FL 34236			
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HALLOY, RICHARD A		3.2 NAME	Walter L. Revell			
STREET ADDRESS	1390 MAIN STREET		3.3 STREET ADDRESS	2 North Tamiami Trail Suite 608			
CITY-ST-ZIP	SARASOTA FL 34236		3.4 CITY-ST-ZIP	Sarasota FL 34236			
TITLE	T	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MERRITT, L. SCOTT		4.2 NAME	George E Greene III			
STREET ADDRESS	1390 MAIN STREET		4.3 STREET ADDRESS	2 North Tamiami Trail Suite 608			
CITY-ST-ZIP	SARASOTA FL 34236		4.4 CITY-ST-ZIP	Sarasota FL 34236			
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MARKS, GREGORY M		5.2 NAME	Seddon Goode Jr.			
STREET ADDRESS	1390 MAIN STREET		5.3 STREET ADDRESS	2 North Tamiami Trail Suite 608			
CITY-ST-ZIP	SARASOTA FL 34236		5.4 CITY-ST-ZIP	Sarasota FL 34236			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_

CR2E034 (10/97)