

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 17 AM 9:30

DOCUMENT # V50358 (3)

1. Corporation Name

AMERICAN RISK SERVICES, INC.

Principal Place of Business

P.O. BOX 18366
TAMPA FL 33679-8366

Mailing Address

P.O. BOX 18366
TAMPA FL 33679-8366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3132471

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

SHEAR, JOHN J
4890 W KENNEDY BLVD
SUITE 310
TAMPA FL 33679-8366

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SHEAR, JOHN J.
STREET ADDRESS 4890 W. KENNEDY BLVD., SUITE 310
CITY ST ZIP TAMPA FL

TITLE VSD
NAME MCKEEN, SUSAN E.
STREET ADDRESS 4890 W. KENNEDY BLVD. SUITE 310
CITY ST ZIP TAMPA FL

TITLE VD
NAME WIDMER, ROBERT F.
STREET ADDRESS 4890 W. KENNEDY BLVD., SUITE 310
CITY ST ZIP TAMPA FL

TITLE ASD
NAME MOON, SHARON L.
STREET ADDRESS 4890 W. KENNEDY BLVD., SUITE 310
CITY ST ZIP TAMPA FL

TITLE PTD
NAME DOVE, GARY
STREET ADDRESS 4890 W. KENNEDY BLVD., SUITE 310
CITY ST ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

☐ Change ☐ Addition

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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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Shear

7/11/95

813-289-3900

(Date)

(Telephone Number)