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CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V50614** (9)

1. Corporate Name

RISCORP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1390 MAIN ST SARASOTA FL 34236 US	1390 MAIN ST SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/14/1992**
3a. Date of Last Report: **04/28/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. # or other — 22 / 27

City, State — 23 / 28

Zip — 24 / 25 / 29 / 30

4. FEI Number: **65-0343944** ☐ 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 is subject to provisions of Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BROWN, DARYL J 1800 SECOND ST. 720 SARASOTA FL 34236	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1819 MAIN STREET 83 SUITE 1100 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1908 Florida Statutes, the above named corporation submits the 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
31 TITLE	DT	51 TITLE	S ☒ Change ☐ Addition
32 NAME	GRIFFIN, WILLIAM D	52 NAME	Griffin, William D
33 STREET ADDRESS	1390 AMIN ST.	53 STREET ADDRESS	1390 Main Street
34 CITY, ST, ZIP	SARASOTA FL	54 CITY, ST, ZIP	Sarasota FL
35 TITLE	P	55 TITLE	P ☒ Change ☐ Addition
36 NAME	MALONE, ANTHONY J	56 NAME	Malone, James A
37 STREET ADDRESS	1390 MAIN ST.	57 STREET ADDRESS	1390 Main Street
38 CITY, ST, ZIP	SARASOTA FL	58 CITY, ST, ZIP	Sarasota FL
39 TITLE	S	59 TITLE	T ☒ Change ☐ Addition
40 NAME	HAMMEL, EDWARD J	60 NAME	Hammel, Edward J
41 STREET ADDRESS	1390 MAIN STREET	61 STREET ADDRESS	1390 Main Street
42 CITY, ST, ZIP	SARASOTA FL	62 CITY, ST, ZIP	Sarasota FL
43 TITLE		63 TITLE	☐ Change ☐ Addition
44 NAME		64 NAME	
45 STREET ADDRESS		65 STREET ADDRESS	
46 CITY, ST, ZIP		66 CITY, ST, ZIP	
47 TITLE		67 TITLE	☐ Change ☐ Addition
48 NAME		68 NAME	
49 STREET ADDRESS		69 STREET ADDRESS	
50 CITY, ST, ZIP		70 CITY, ST, ZIP	
71 TITLE		72 TITLE	☐ Change ☐ Addition
73 NAME		74 NAME	
75 STREET ADDRESS		76 STREET ADDRESS	
77 CITY, ST, ZIP		78 CITY, ST, ZIP	

14. I declare, under penalty of perjury, that the information contained with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, 11, 12 or 13 above or on an attachment with an X in the box.

SIGNATURE: Edward Hammel 4/28/95 813-951-2022

SIGN HERE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0341769 CP