

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G38812** (5)

1. Corporation Name

ADVANTUS, CORP.



Principal Place of Business

**28 E. INDUSTRIAL LOOP
BOX 2017
ORANGE PARK FL 32073
US**

Mailing Address

**P.O. BOX 2017
BOX 2017
ORANGE PARK FL 32067
US**

3. Date Incorporated or Qualified
05/17/1983

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 **360 Corporate Way**

26

4. FEI Number

59-2304539

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Orange Park, FL

28 City & State

24 Zip
32073

25 Country
USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ESTES, MADELYN H.
4061 SAN JUAN AVE
JACKSONVILLE FL 32210**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **MADELYN H. ESTES**
STREET ADDRESS **4061 SAN JUAN AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VCM** ☐ DELETE
NAME **KEVIN D. CARPENTER**
STREET ADDRESS **12201 NOBLEMAN DR**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Kevin D. Carpenter**
2.3 STREET ADDRESS **3661 Wexford Hollow Rd. E.**
2.4 CITY-ST-ZIP **Jacksonville, FL 32224**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 119.07(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 officer 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, to contain an address.

SIGNATURE:

KEVIN D. CARPENTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-22-96
Date

(904) 278-2809
Telephone

CR2E034 (12/95)