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 # **L13183** **(3)**

1. Corporation Name

EMPLOYEE INSURANCE BENEFITS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
402 S. KENTUCKY AVE SUITE 240 LAKELAND FL 33801	402 S. KENTUCKY AVE SUITE 240 LAKELAND FL 33801

3. Date Incorporated or Qualified: **08/31/1989**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business
21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | State, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **59-2961459** ☐ 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

BAKER, BRUCE G.
402 S. KENTUCKY AVE
SUITE 240
LAKELAND FL 33801

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 607.0830 and 607.1506, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BAKER, BRUCE G.	
STREET ADDRESS	1956 INDIAN TRAILS COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	☑ DELETE
NAME	BAKER, BARBARA T.	
STREET ADDRESS	1956 INDIAN TRAILS COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	V	☐ Change ☑ Addition
1.2 NAME	Bruce G Baker Jr.	
1.3 STREET ADDRESS	6724 Broken Arrow Trail South	
1.4 CITY-ST-ZIP	Lakeland Fl 33813	
2 TITLE	T	☑ Change ☐ Addition
2.2 NAME	Baker, Barbara T	
2.3 STREET ADDRESS	1956 Indian Trails Court	
2.4 CITY-ST-ZIP	Lakeland Fl 33813	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: Bruce G Baker Bruce G Baker 2/5/96 941 682 4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #