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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candice B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 24 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30275** (2)

1. Corporation Name
AMERICAN BENEFIT ADMINISTRATORS, INC.

Principal Place of Business 213 PORTER AVE P.O. BOX 469 BILOXI MS 39533-469 US	Mailing Address 213 PORTER AVE P.O. BOX 469 BILOXI MS 39533-469 US
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/24/1990	3a. Date of Last Report 05/01/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 62-1407665	Applied For <input type="checkbox"/> Not Applicable
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

**SCHERF, WAYNE P
1200 MAHOGANY MILL ROAD
PENSACOLA FL 32507**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 officer 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	NAME TAYLOR, BOBBY C.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 213 PORTER AVE	CITY - ST - ZIP BILOXI MS	1.2 NAME	THIS OFFICER HAS RETIRED AND NO LONGER HAS ANY OWNERSHIP AND IS NO LONGER A DIRECTOR
1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	
TITLE VPD	NAME TAYLOR, CHARLES, R	2.2 NAME	
STREET ADDRESS 213 PORTER AVE	CITY - ST - ZIP BILOXI MS	2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	3.1 TITLE	3.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PO	NAME BATES, O, ELIZABETH	3.3 STREET ADDRESS	
STREET ADDRESS 213 PORTER AVE	CITY - ST - ZIP BILOXI MS	3.4 CITY - ST - ZIP	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	
4.3 STREET ADDRESS	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.4 CITY - ST - ZIP	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	
TITLE	5.4 CITY - ST - ZIP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME	6.3 STREET ADDRESS	
STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	
CITY - ST - ZIP	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 regular 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, changed, or on an attachment with an address.

SIGNATURE: *Charles R. Taylor* **4-14-95** **601-374-7460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Please)

CHARLES R. TAYLOR