

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90171 030 ***150.00

DOCUMENT # P93000025084

1. Corporation Name

PAYCHEX BENEFITS OF FLORIDA, INC.



Principal Place of Business

10105 9TH ST N
ST PETER FL 33716
US

Mailing Address

911 PANORAMA TR S
ROCHESTER NY 14625
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1993

4. FEI Number

59-3186406

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 owes the current year Intangible
Personal Property Tax. (FILED 2/99) ☐ Yes ☒ No

2. Principal Place of Business

21 10105 9TH ST N

Suite, Apt. #, etc.

22

City & State

23 ST PETERSBURG FL

Zip

24 33716

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE P ☐ DELETE

NAME POLISSENI, E R
STREET ADDRESS 16 BEAUCLAIRE LN
CITY-ST-ZIP FAIRPORT NY 14450

TITLE V ☒ DELETE

NAME HILL, C
STREET ADDRESS 700 115TH LN
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE STD ☐ DELETE

NAME MORPHY, JOHN
STREET ADDRESS 51 VINEYARD HILL
CITY-ST-ZIP FAIRPORT NY

TITLE V ☒ DELETE

NAME TORTORELLA, A
STREET ADDRESS 7 ROYALE DR
CITY-ST-ZIP FAIRPORT NY 14450

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

1.1 TITLE C,D ☒ Change ☐ Addition

1.2 NAME EUGENE POLISSENI
1.3 STREET ADDRESS 16 BEAUCLAIRE LANE
1.4 CITY-ST-ZIP FAIRPORT, NY 14450

2.1 TITLE P,D ☐ Change ☒ Addition

2.2 NAME HOWARD BUFF
2.3 STREET ADDRESS 59 COUNTRY DOWNS CIRCLE
2.4 CITY-ST-ZIP FAIRPORT, NY 14450

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

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (1/98)