

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 23 1996 8:00 am
Secretary of State

DOCUMENT # M96798 (7)

1. Corporation Name

SELF-INSURED BENEFIT ADMINISTRATORS, INC.

Principal Place of Business

18167 U.S. HWY. 19 N.
SUITE 300
CLEARWATER FL 34624
US

Mailing Address

18167 U.S. HWY. 19 N.
STE 300
CLEARWATER FL 34624
US

3. Date Incorporated or Qualified
08/31/1988

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2906840

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAWKINS, TERRELL V.
18167 U.S. HWY. 19 N.
STE. 300
CLEARWATER FL 34624

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 filer (if applicable)

Signature typed or printed name of registered agent and filer (if applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
HAWKINS, TERRELL
STREET ADDRESS 18167 U.S. HWY. 19 N., STE. 300
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME VD
MCCLAIN, MICHAEL
STREET ADDRESS 18167 U.S. HWY. 19 N., STE 300
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME V
HONEYWELL, CHARLES B
STREET ADDRESS 18167 U.S. HWY. 19 N., STE. 300
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME ST
ALLEN, GLENN L
STREET ADDRESS 18167 U.S. HWY. 19 N., STE. 300
CITY-ST-ZIP CLEARWATER FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 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 to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date and Phone #

CR2E034 (12/95)