## 2025 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 412651** 

Entity Name: FRINGE BENEFIT PLANS, INC.

Current Principal Place of Business:

2211 LEE RD., STE. 100 WINTER PARK. FL 32789 FILED Jul 21, 2025 Secretary of State 8668403093CC

## **Current Mailing Address:**

2211 LEE RD., STE. 100 WINTER PARK, FL 32789

FEI Number: 59-2078951 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

FOREMAN, DOUGLAS C 2211 LEE RD SUITE 100 WINTER PARK, FL 32789 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title	PRESIDENT	Title	SECRETARY
Name	FOREMAN, DOUGLAS C	Name	FOREMAN, KAROLYN S
Address	2211 LEE RD., STE. 100	Address	2211 LEE RD., SUITE 100
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

Title TREASURER Title VP

NameFOREMAN, DOUGLAS CNameFOREMAN, KAROLYN SAddress2211 LEE RD., STE. 100Address2211 LEE RD., STE. 100City-State-Zip:WINTER PARK FL 32789City-State-Zip:WINTER PARK FL 32789

Title DIRECTOR Title DIRECTOR

NameFOREMAN, DOUGLAS CNameFOREMAN, KAROLYN SAddress2211 LEE RD., STE. 100Address2211 LEE RD., STE. 100City-State-Zip:WINTER PARK FL 32789City-State-Zip:WINTER PARK FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOUGLAS FOREMAN

**PRESIDENT** 

07/21/2025