

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **291864** (7)  
1. Corporation Name  
**BENFIELD INC**

Principal Place of Business  
**2340 DAVIS BLVD  
NAPLES FL 33942**

Mailing Address  
**2340 DAVIS BLVD  
NAPLES FL 34104-4213**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/09/1965</b>		3a. Date of Last Report <b>08/07/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1148073</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TEACH, CAROLYN H. 2550 70TH ST. SW NAPLES FL 33999</b>				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. City			
85. Zip Code				86. 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

(NOT a Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENFIELD, CLYDE R			1.2 NAME			
STREET ADDRESS	2775 70TH ST. S.W.			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENFIELD, MARK G.			2.2 NAME			
STREET ADDRESS	2960 70TH ST., S.W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERMAN, R ALLEN			3.2 NAME			
STREET ADDRESS	2825 70TH ST SW			3.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			3.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TEACH, CAROLYN H.			4.2 NAME			
STREET ADDRESS	2550 70TH ST SW			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			4.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENFIELD, ROGER O.			5.2 NAME			
STREET ADDRESS	1471 SAN MARCOS BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE: *Carolyn H. Teach* 4-25-97 941-774-5255

CR2E034 (9/96)