


4/30/99 Hand Delivered to: Judi Euse
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May 12, 1999 8:00 am
Secretary of State

05-12-1999 90010 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 499794
 1. Corporation Name
FRINGE BENEFITS MANAGEMENT COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business POST OFFICE BOX 1878 TALLAHASSEE FL 32302-1878	Mailing Address POST OFFICE BOX 1878 TALLAHASSEE FL 32302-1878
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3. Date Incorporated or Qualified 03/25/1976	
4. FEI Number 59-1657263	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> DELETE
NAME	BISCHOFF, WILLIAM S.	
STREET ADDRESS	1720 S GADSDEN ST	
CITY-ST-ZIP	TALLAHASSEE F	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASHLER, PHIL	
STREET ADDRESS	1720 S GADSDEN ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TOUGAS, DEBRA	
STREET ADDRESS	1720 S. GADSDEN ST.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUSSMAN, JOHN	
STREET ADDRESS	1720 S GADSDEN ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RITCH, LORRAINE	
STREET ADDRESS	1720 S. GADSDEN ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: William S. Bischoff **William S. Bischoff** 4/22/99 850-425-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

546797-90010-15
499794

FRINGE BENEFITS MANAGEMENT COMPANY

[E.I.N. 59-1657263]

[05Feb99]

1999 - OFFICERS

<u>Full Name</u>	<u>Title</u>	<u>Business Address</u>
Lorraine Ritch	President	1720 S. Gadsden St., Tallahassee, FL 32301
Debra L. Tougas	Sr.V.P. / CFO / Treasurer	1720 S. Gadsden St., Tallahassee, FL 32301
William S. Bischoff	Sr.V.P. / Secretary	1720 S. Gadsden St., Tallahassee, FL 32301
Agnes R. McMurray	Senior Vice President	1720 S. Gadsden St., Tallahassee, FL 32301
Melvin Yoder	Senior Vice President	1720 S. Gadsden St., Tallahassee, FL 32301
Armando J. Henriquez	Vice President	1720 S. Gadsden St., Tallahassee, FL 32301
Patricia K. Neely	Vice President	1720 S. Gadsden St., Tallahassee, FL 32301
Lew Leopard	Vice President	1720 S. Gadsden St., Tallahassee, FL 32301

1999 - BOARD OF DIRECTORS

<u>Full Name</u>	<u>Title</u>	<u>Business Address</u>
Michael H. Sheridan	Chairman	1720 S. Gadsden St., Tallahassee, FL 32301
Pat L. Tornillo, Jr.	Member	1720 S. Gadsden St., Tallahassee, FL 32301
Philip F. Ashler	Member	1720 S. Gadsden St., Tallahassee, FL 32301
John F. Bussman	Member	1720 S. Gadsden St., Tallahassee, FL 32301
John R. Marks III	Member	1720 S. Gadsden St., Tallahassee, FL 32301