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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90100 017 \*\*\*150.00

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**DOCUMENT # 652399**

1. Corporation Name

**BENZ RESEARCH AND DEVELOPMENT CORPORATION**

Principal Place of Business

6447 PARKLAND DR.  
SARASOTA FL 34243  
US

Mailing Address

P O BOX 1839  
SARASOTA FL 34230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1980

4. FEI Number

59-1981261

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. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESSENSON, JAMES L.  
2071 MAIN STREET  
SARASOTA FL 34237

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS ☐ DELETE

NAME MACGROGAN, RAYMOND

STREET ADDRESS 5300 W CYPRESS STREET, STE 150

CITY-ST-ZIP TAMPA FL 33607

TITLE D ☐ DELETE

NAME CHRISTENSEN, ALICE

STREET ADDRESS 5010 VANDERPE RD

CITY-ST-ZIP SARASOTA FL 34241

TITLE PD ☐ DELETE

NAME BENZ, PATRICK H.

STREET ADDRESS 6447 PARKLAND DR

CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE

NAME MCGILLICUDDY, DENNIS J.

STREET ADDRESS 5111 OCEAN BLVD

CITY-ST-ZIP SARASOTA FL

TITLE VD ☐ DELETE

NAME ORS, JOSE A.

STREET ADDRESS 6447 PARKLAND DR.

CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/99 941 744 4258

CR2E034 (11/98)