

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000000876 (3)

1. Corporation Name

CORPORATE BENEFIT PLANNERS AGENCY, INC.

Principal Place of Business

811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

Mailing Address

811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

04/08/1994

4. FEI Number

34-1331878

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

21 10328 MAIN ST

Suite, Apt. #, etc.

2a. Mailing Address

25 P.O. Box 5002

Suite, Apt. #, etc.

22 City & State

23 THONOTOSASSA, FL

Zip

24 33592

Country

25 USA

27 City & State

28 TAMPA, FL

Zip

29 33675

Country

30 USA

9. Name and Address of Current Registered Agent

JACOBS, LAMAR G
811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

10. Name and Address of New Registered Agent

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

Lamar G. Jacobs

LAMAR G. JACOBS, PRESIDENT

5-11-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CDPT
JACOBS, LAMAR G
811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VCD
JACOBS, JANICE K
811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPS
JACOBS, JANICE K
811 SYMPHONY ISLES BLVD.
APOLLO BCH. FL 33572

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 110.07(3)(b), 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:

Lamar G. Jacobs PRES. LAMAR G. JACOBS
SIGNING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)