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 APR 21 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000924 (0)**

1. Corporation Name

SPECTRUM BENEFITS AND FINANCIAL SERVICES, INC.

Principal Place of Business
~~POST OFFICE BOX 2307~~
~~LAKE WALES FL 33859-2307~~

Mailing Address
~~POST OFFICE BOX 2307~~
~~LAKE WALES FL 33859-2307~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 22 State Road 60 West
Suite, Apt. #, etc.
22:
City & State
23: Lake Wales, FL
Zip 24: 33853
Country 25: Polk

2a. Mailing Address
26: Post Office Box 2307
Suite, Apt. #, etc.
27:
City & State
28: Lake Wales, FL
Zip 29: 33859
Country 30: Polk

4. FEI Number: 59-3220545 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BUTLER, MICHAEL R
244 EAST PARK AVENUE
LAKE WALES FL 33853

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~	1.1 TITLE	P	XX Change ☐ Addition
NAME	~~BOYD, WILLIAM A~~	1.2 NAME	Rumfelt, Thomas B.	
STREET ADDRESS	~~251 EAST PARK AVENUE~~	1.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~LAKE WALES FL 33853~~	1.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	~~S~~	2.1 TITLE	S/T	XX Change ☐ Addition
NAME	~~PAROZ, GHEN R~~	2.2 NAME	Butler, Michael R.	
STREET ADDRESS	~~244 EAST PARK AVENUE~~	2.3 STREET ADDRESS	244 East Park Avenue	
CITY-ST-ZIP	~~LAKE WALES FL 33853~~	2.4 CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Michael R. Butler, Sec./Treas. 4.10.95 (813)676-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017483 CP