

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000000924 (0)**

1. Corporation Name

SPECTRUM BENEFITS AND FINANCIAL SERVICES, INC.



Principal Place of Business

**22 STATE ROAD 60 WEST
LAKE WALES FL 33853
US**

Mailing Address

**PO BOX 2307
LAKE WALES FL 33859
US**

2. Principal Place of Business
21 **244 E. Park Avenue**

2a. Mailing Address
26 **P.O. Box 2368**

3. Date Incorporated or Qualified
02/23/1994

3a. Date of Last Report
04/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-3220545

Applied For
Not Applicable

22 City & State
23 **Lake Wales, FL**

27 City & State
28 **Lake Wales, FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33853** 25 Country

29 Zip **33853** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☒ DELETE
NAME **~~RUMFELT, THOMAS B.~~**
STREET ADDRESS **~~244 E PARK AVENUE~~**
CITY-STATE-ZIP **~~LAKE WALES FL~~**

1. TITLE ☒ Change ☐ Addition
12 NAME **President**
13 STREET ADDRESS **Grimes, Kevin R.**
14 CITY-STATE-ZIP **244 E Park Avenue**
Lake Wales, FL 33853 ☐ Change ☐ Addition

2. TITLE ☐ DELETE
NAME **BUTLER, MICHAEL R.**
STREET ADDRESS **244 E PARK AVE**
CITY-STATE-ZIP **LAKE WALES FL**

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-STATE-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)(k), 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: **Kevin R. Grimes** 02/01/96 (941)676-2852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)