

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J15279 (9)
1. Corporation Name
GENERAL BENCHMARK, INC.

Principal Place of Business
18 N. BROAD STREET
BROOKSVILLE FL 34601

Mailing Address
18 N. BROAD STREET
BROOKSVILLE FL 34601

FILED
Feb 27 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/19/1986

4. FEI Number
59-2765309
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 21125 CORTEZ BOULEVARD

Suite, Apt. #, etc.

22 City & State
BROOKSVILLE, FL.

23 Zip
34601

Country

24 HERNANDO

2a. Mailing Address

26 21125 CORTEZ BOULEVARD

Suite, Apt. #, etc.

27 City & State
BROOKSVILLE, FL.

28 Zip
34601

Country

29 HERNANDO

9. Name and Address of Current Registered Agent

VIDAL, HERMAN A.
~~18 N BROAD ST~~
BROOKSVILLE FL 34601

→ see new
address

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

21125 CORTEZ BOULEVARD

83

84 City

BROOKSVILLE

FL

85 Zip Code

34601

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

TITLE P
NAME DAVID, JOE
STREET ADDRESS 315 HOWELL AVE.
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

TITLE V
NAME MANUEL, GENE
STREET ADDRESS 988 CANDLELIGHT BLVD.
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

TITLE ST
NAME VIDAL, HERMAN
STREET ADDRESS 18 N BROAD ST
CITY-ST-ZIP BROOKSVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 21125 CORTEZ BOULEVARD

3.4 CITY-ST-ZIP BROOKSVILLE, FL. 34601

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 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.

SIGNATURE: Herman A. Vidal

2/12/98 (252) 799-7000

CR2E034 (10/97)