

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M96798 (7) 1. Corporation Name SELF-INSURED BENEFIT ADMINISTRATORS, INC.			
Principal Place of Business 18167 U.S. HWY. 19 N. SUITE 300 CLEARWATER FL 34624 US		Mailing Address 18167 U.S. HWY. 19 N. STE 300 CLEARWATER FL 34624-6569 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 08/31/1988		3a. Date of Last Report 04/23/1996	
4. FEI Number 59-2906840		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			
9. Name and Address of Current Registered Agent HAWKINS, TERRELL V. 18167 U.S. HWY. 19 N. STE. 300 CLEARWATER FL 34624		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 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	PD	☐ DELETE	
NAME	HAWKINS, TERRELL		
STREET ADDRESS	18167 U.S. HWY. 19, N., STE. 300		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	VD	☐ DELETE	
NAME	MCCLAIN, MICHAEL		
STREET ADDRESS	18167 U.S. HWY. 19, N., STE 300		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	V	☐ DELETE	
NAME	HONEYWELL, CHARLES B		
STREET ADDRESS	18167 U.S. HWY. 19 N., STE. 300		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	ST	☐ DELETE	
NAME	ALLEN, GLENN L		
STREET ADDRESS	18167 U.S. HWY. 19 N., STE. 300		
CITY-ST-ZIP	CLEARWATER FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
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 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: <i>Terrell V. Hawkins</i>		4/4/97 (813) 535-6868	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)