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 -1 PM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27060** **(3)**

1. Corporation Name
TOTAL ADMINISTRATIVE BENEFIT SYSTEMS, INC.

Principal Place of Business	Mailing Address
BOX 47470 JACKSONVILLE FL 32247	BOX 47470 JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/28/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **95-2845556** ☐ 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

PROUTY, CYNTHIA L
1660 PRUDENTIAL DR
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: **David Verre**
82 Street Address (P.O. Box Number is Not Acceptable): **1660 Prudential Drive**
83
84 City: **Jacksonville,** **FL** 85 Zip Code: **32207**

11. Pursuant to the provisions of Section 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: D. Verre — **David Verre, Controller 4/18/95**
(Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	1.1 TITLE	D	☐ Change ☒ Addition
NAME	MACKANOS, DONALD	1.2 NAME	David Verre	
STREET ADDRESS	1660 PRUDENTIAL DRIVE	1.3 STREET ADDRESS	1660 Prudential Drive	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VTD	2.1 TITLE		☐ Change ☐ Addition
NAME	PROUTY, CYNTHIA L	2.2 NAME		
STREET ADDRESS	1660 PRUDENTIAL DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES E	3.2 NAME		
STREET ADDRESS	1660 PRUDENTIAL DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	THOMPSON, L. J	4.2 NAME	Thompson, L.J.	
STREET ADDRESS	1660 PRUDENTIAL DR	4.3 STREET ADDRESS	128 S. Tryon Street	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	PD	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCPHERSON, R. DUNCAN	5.2 NAME	McPherson, R. Duncan	
STREET ADDRESS	1660 PRUDENTIAL DR.	5.3 STREET ADDRESS	128 S. Tryon Street	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Charlotte, NC 28202	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DEMMINK, PAUL R M.	6.2 NAME	Demmink, Paul R. M.	
STREET ADDRESS	128 S TRYON ST	6.3 STREET ADDRESS	Delete no longer with company	
CITY-ST-ZIP	CHARLOTTE NC	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: D. Verre — **David Verre 4/18/95 (904)399-5888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0407866 FP