

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P27060 (3)

1. Corporation Name

TOTAL ADMINISTRATIVE BENEFIT SYSTEMS, INC.



Principal Place of Business

BOX 47470
JACKSONVILLE FL 32247

Mailing Address

BOX 47470
JACKSONVILLE FL 32247

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

VERRE, DAVID
1660 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

11/28/1989

3a. Date of Last Report

05/01/1995

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

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
VSD
MACKANOS, DONALD
STREET ADDRESS
1660 PRUDENTIAL DRIVE
CITY-STATE-ZIP
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
VTD
PROUTY, CYNTHIA L
STREET ADDRESS
1660 PRUDENTIAL DR
CITY-STATE-ZIP
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
V
SMITH, JAMES E
STREET ADDRESS
1660 PRUDENTIAL DR
CITY-STATE-ZIP
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
VD
THOMPSON, L. J
STREET ADDRESS
128 S. TRYON STREET
CITY-STATE-ZIP
CHARLOTTE NC

☐ DELETE

TITLE
NAME
PD
MCPHERSON, R. DUNCAN
STREET ADDRESS
128 S. TRYON STREET
CITY-STATE-ZIP
CHARLOTTE NC

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

T
David Verre
1660 Prudential Drive
Jacksonville, FL 32207

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

000001759450
-03/27/96--01048--020
***200.00

SIGNATURE:

David Verre

David Verre, Controller

3/21/96 (904)399-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

CR2E034 (12/95)