


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

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90052 046 *****150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27060**

1. Corporation Name

TOTAL ADMINISTRATIVE BENEFIT SYSTEMS, INC.

Principal Place of Business

BOX 47470
JACKSONVILLE FL 32247

Mailing Address

BOX 47470
JACKSONVILLE FL 32247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

VERRE, DAVID
1660 PRUDENTIAL DRIVE
JACKSONVILLE FL 32207

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	P	<input type="checkbox"/> DELETE
NAME	MACKANOS, DONALD	
STREET ADDRESS	1660 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	HOFFMAN, CRAIG	
STREET ADDRESS	1660 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES E	
STREET ADDRESS	1660 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	VERRE, DAVID	
STREET ADDRESS	1660 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

TITLE	C	<input type="checkbox"/> DELETE
NAME	DOWD, PHILIP	
STREET ADDRESS	1660 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	RUANE, MICHAEL	
STREET ADDRESS	1660 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **David Verre**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/99 904-399-5888
Date Daytime Phone #

CR2E034 (11/98)

0048305