SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -7 AM 11:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000000981 (9)**

1. Corporation Name
SOUTH EAST BENEFITS, INC.

Principal Place of Business	Mailing Address
5415 BRIDGE ROAD NEW PORT RICHEY FL 34652	5415 BRIDGE ROAD NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 06/14/1994

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

4. FEI Number: 59-3159788 ☐ 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 activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, DAVID W
5415 BRIDGE RD.
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (MUST: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	11 TITLE	☒ Change	☐ Addition
NAME	FOSTER, MICHAEL A	12 NAME		
STREET ADDRESS	8011 PAPERBARK LANE	13 STREET ADDRESS	10630 Casey Drive	
CITY ST ZIP	PORT RICHEY FL	14 CITY ST ZIP	New Port Richey FL 34654	
TITLE	VTD	21 TITLE	☒ Change	☐ Addition
NAME	FOSTER, MICHAEL A	22 NAME		
STREET ADDRESS	6101 BAYSIDE DRIVE	23 STREET ADDRESS	10630 Casey Drive	
CITY ST ZIP	NEW PORT RICHEY FL 34652	24 CITY ST ZIP	New Port Richey FL 34654	
TITLE	S	31 TITLE	☒ Change	☐ Addition
NAME	BAKER, ROSEMARY	32 NAME		
STREET ADDRESS	5415 BRIDGE ROAD	33 STREET ADDRESS	12205 Lacey Drive	
CITY ST ZIP	NEW PORT RICHEY FL 34652	34 CITY ST ZIP	New Port Richey FL 34654	
TITLE		41 TITLE	☐ Change	☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change	☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change	☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: [signature] Pres. 7/28/95 813-842-1466
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0116788 CP