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FILED

May 14 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 # P93000025084 (3)

1. Corporation Name:  
PBS EXPRESS BENEFITS CORPORATION

Principal Place of Business

%PAYCHEX INC.  
911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625  
09

Mailing Address

%PAYCHEX INC.  
911 PANORAMA TRAIL SOUTH  
ROCHESTER NY 14625-2311  
09



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 % PAYCHEX INC

27 Suite, Apt. #, etc.  
10105 9th St. North

28 City & State  
ST. PETERSBURG, FL

29 Zip  
33716

Country  
US

3. Date Incorporated or Qualified

03/29/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3186406

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 ☐ DELETE

NAME  
LASHER, STUART G  
STREET ADDRESS  
126 CHESAPEALIC AVE  
CITY - ST - ZIP  
TAMPA FL

TITLE ☒ DELETE

NAME  
ESRICH, STEVEN M  
STREET ADDRESS  
50 DOPHIN DR  
CITY - ST - ZIP  
TREASURE ISLAND FL

TITLE ☒ DELETE

NAME  
HILL, CRAIG  
STREET ADDRESS  
10105 9TH STREET N  
CITY - ST - ZIP  
ST. PETE FL 33716-3807

TITLE ☒ DELETE

NAME  
HASARA, GARRY  
STREET ADDRESS  
10105 9TH STREET N  
CITY - ST - ZIP  
ST. PETE FL 33716-3807

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

11 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP  
LASHER, STUART G.  
4931 New Providence Ave  
TAMPA, FL 33629

21 TITLE ☐ Change ☒ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
WABSHOF, RICHARD S.  
22 Brookshire Lane  
PENFIELD, NY 14526

31 TITLE ☐ Change ☒ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
MORPHY, JOHN  
51 VINEYARD HILL  
FAIRPORT, NY 14450

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 813-579-0505  
Date Daytime Phone #

CR2E034 (9/96)