

**ANNUAL REPORT
1995**

Division of Corporations
Secretary of State

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011744 (7)

1. Corporation Name

FRINGE BENEFITS CONSULTANTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**1619 S. EVERGREEN AVENUE
CLEARWATER FL 34616**

Mailing Address
**1619 S. EVERGREEN AVENUE
CLEARWATER FL 34616**

3. Date Incorporated or Qualified
02/08/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number
59-3223842

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

10. Name and Address of New Registered Agent

**BISCHOFF, WILLIAM S
1720 S. GADSDEN STREET
TALLAHASSEE FL**

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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

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

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

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

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

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

**P/S/D
ROSE MARIE TANNER
1619 S. Evergreen Avenue
Clearwater FL 34616**

**V/T/D
GLENN F. TANNER
1619 S. Evergreen Avenue
Clearwater FL 34616**

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)(k), 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; and that I am not otherwise unqualified to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if added, or other attachment with an address.

SIGNATURE:

Glenn F. Tanner V.P.
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

Date

813 584 6740

Telephone #